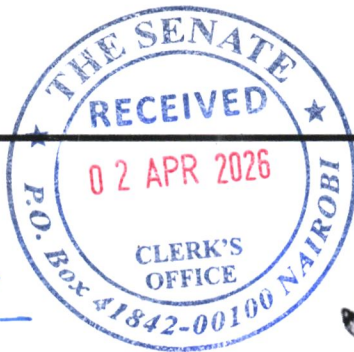




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02/04/2026

REPUBLIC OF KENYA



THIRTEENTH PARLIAMENT

THE SENATE

THE STANDING COMMITTEE ON HEALTH

|           |             |           |           |                    |
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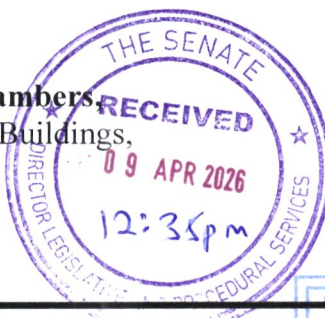
REPORT ON THE COUNTY OVERSIGHT AND NETWORKING ENGAGEMENTS TO BUNGOMA AND KAKAMEGA COUNTIES

02/04/26

Rt. Hon. Speaker  
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Clerk of the Senate/secretary, PSC  
Date: 02/04/26

April, 2026

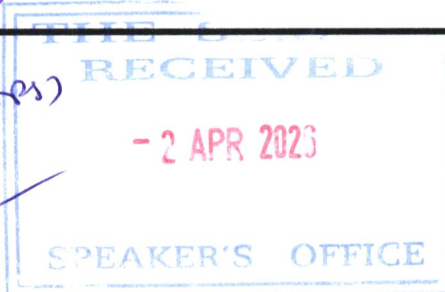
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13/4/2026

For tabling  
02/04/26



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## **LIST OF ABBREVIATIONS**

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

## PRELIMINARIES

### Establishment and Mandate of the Committee

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

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

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

### Committee Membership

The Committee is comprised of the following members-

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



## **CHAIRPERSON'S FOREWORD**

At its Sitting held on 4<sup>th</sup> November, 2025 the Standing Committee on Health deliberated on the state of provision of healthcare services at health facilities country-wide and resolved to conduct an oversight visit to Bungoma and Kakamega Counties to acquaint itself with the provision of healthcare services as part of its oversight function.

The oversight visits which took place on 14<sup>th</sup> and 15<sup>th</sup> November, 2025 were designed to provide crucial firsthand insights into the state of health infrastructure, service delivery quality and the urgent challenges affecting medical staff and local communities they serve.

The Committee engagements involved site visits and direct interactions with healthcare workers and members of the public at Bungoma County Referral Hospital and Kimaeti Health Centre in Bungoma County and Kakamega County Referral Hospital in Kakamega County. Through these interactions, the Committee gathered critical evidence and noted widespread deterioration of health infrastructure and safety standards across the two counties, including cracked floors, leaking roofs, damaged ceilings, broken doors and windows, exposed electrical wiring and dilapidated furniture.

The Committee noted widespread overcrowding in wards and maternity units, stalled or poorly executed capital projects and obsolete or non-functional medical, diagnostic and ambulance equipment which further undermine service delivery and patient safety in these healthcare facilities. In several facilities, kitchens, laundries, sanitation facilities and waste-management areas were found to be substandard with inadequate laundry capacity, firewood-based cooking, poor food-handling surfaces and open burning of mixed biomedical waste posing serious infection-prevention, environmental and occupational health risks.

The Committee also observed persistent human resource and service-delivery challenges, including understaffing of critical cadres such as nurses, clinical officers, radiographers and morticians, heavy workloads in emergency and maternity units and reliance on long-serving casual and contract staff without regularization. Weaknesses in patient-centred care were evident in the detention of patients over unpaid bills, congestion and lack of privacy in maternity and newborn units, inadequate sanitary facilities and insufficient waiting areas for clients and caregivers.

At the same time, the facilities struggled with delayed Social Health Authority (SHA) reimbursements and dependence on internally generated funds, which constrained their ability to maintain infrastructure, recruit staff, procure supplies and sustain essential services. The persistent delays in SHA reimbursements should be treated as a systemic risk to the implementation of Universal Health Coverage (UHC) implementation and that SHA and National Treasury should be compelled to submit biannual status reports.



Further, the Committee identified significant governance, health information and pharmaceutical management gaps, including malfunctioning or absent electronic health information systems, inconsistencies in patient data between admissions and ward records and inadequate deployment of SHA verification devices that forced patient movement for biometric authentication. Pharmacy and supply-chain weaknesses manifested through near-expiry and expired medicines on shelves, poor stock control and reports of patients being directed to purchase medicines externally despite evidence of available stock.

The Committee recommends that the County Governments of Bungoma and Kakamega, in collaboration with the relevant regulatory agencies, urgently prioritize the rehabilitation and upgrading of health infrastructure, safety systems and critical equipment in the visited facilities. This should include comprehensive structural repairs, completion and rational planning of capital projects, restoration or replacement of non-functional diagnostic and treatment equipment, and modernization of kitchens, laundries, sanitation and waste-management systems in line with national infection-prevention, occupational health and environmental standards.

The Committee further urges the development and implementation of facility master plans aligned to county development plans, with ring-fenced budgetary allocations and clear timelines for addressing identified gaps.

To strengthen service delivery and safeguard patient welfare, the Committee recommends accelerated recruitment and rational deployment of essential health workers, including nurses, clinical officers, radiographers, morticians and support staff, guided by Ministry of Health staffing norms. County Public Service Boards should regularize long-serving contract and casual staff and ensure adequate staffing of high-volume emergency and maternity units to reduce unsafe workloads and improve quality of care. At the same time, hospital managements should enhance patient-centred care by eliminating the detention of patients over unpaid bills, improving privacy and sanitation in wards, expanding waiting and sanitary facilities, and enforcing professional accountability through visible staff identification and functional feedback mechanisms.

The Committee further calls upon the Social Health Authority, the Ministry of Health and County Governments to address systemic financing, health-information and pharmaceutical-management weaknesses that undermine service delivery. This includes clearing outstanding reimbursement arrears and instituting predictable payment cycles, fully deploying functional electronic health information systems and adequate SHA verification devices, and tightening pharmaceutical and supply-chain controls to prevent wastage, stock-outs and misuse of medicines. The Committee recommends that the County Assemblies intensify structured oversight of these interventions, require regular progress reporting from duty bearers and ensure sustained compliance with legal, regulatory and policy frameworks governing the health sector.

## Acknowledgements

The Committee sincerely thanks Sen. David Wafula Wakoli, CBS, MP, Senator for Bungoma County and Sen. Dr. Boni Khalwale, CBS, MP, Senator for Kakamega County for their warm welcome and the invaluable support extended to the Committee by their offices during our oversight visits. The contributions and input from their teams greatly facilitated the effective discharge of the Committee's oversight mandate and functions in the two counties.

The Committee further wishes to extend its appreciation to Hon. Kenneth M. Lusaka, EGH, Governor of Bungoma County; and Hon. (FCPA.) Fernandes Barasa, OGW, Governor of Kakamega County and the respective Executive Committee Members for their input and submissions during the oversight tours.

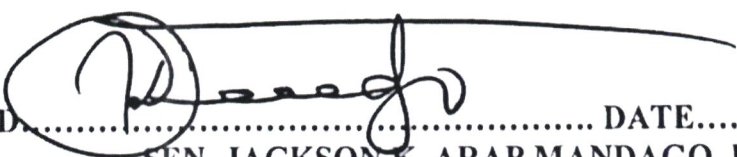
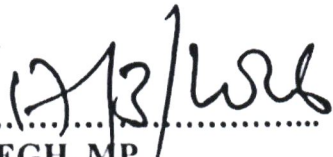
Further, the Committee extends its sincere gratitude and appreciation to the Speakers of Bungoma County Assembly and Kakamega County Assembly and the County Assembly Members of the respective County Assembly Committees on Health for their facilitation.

The Committee is also grateful to the members of staff and other stakeholders in the healthcare facilities visited during the tour for their submissions, which have greatly enhanced the evidence analyzed during processing of this report.

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

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

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

SIGNED.......... DATE..........  
SEN. JACKSON K. ARAP MANDAGO, EGH, MP  
(CHAIRPERSON, 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 Siting held on Tuesday, 4<sup>th</sup> November 2025, the Committee deliberate on the healthcare provision in the counties and resolved to undertake a County Oversight and Networking Engagements (CONE) in Bungoma and Kakamega Counties to acquaint itself with the provision of Healthcare Services in the Counties as part of its oversight function.

#### **Purpose and Objectives**

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

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

5. The Committee selected the following facilities Counties for assessment-
  1. Bungoma County Referral Hospital (BCRH), and Kimaeti Health Centre in Bungoma County, and
  2. Kakamega County Referral Hospital (KCRH) in Kakamega County.



## **Methodology**

6. On 14<sup>th</sup> and 15<sup>th</sup> November, 2025, the Committee conducted site visits to the identified facilities. During these visits, Members engaged with pertinent county government officials, hospital management and other stakeholders in order to gather submissions and evidence. The Committee also conducted physical inspections of the premises, reviewed documentation and observed working conditions and challenges affecting healthcare provision and delivery firsthand.
7. The findings, analyses and recommendations set out in this Report are based on evidence collected during these engagements and aim to support the improvement of health sector governance, accountability and service delivery within the context of devolved governance framework.

### **1.1. COUNTY PROFILES**

#### **1.1.1 BUNGOMA COUNTY**

8. Bungoma County is located in Western Kenya within the Lake Victoria Basin, covering an area of approximately 3,032.2 square kilometers. According to the 2019 Kenya Population and Housing Census, it has a population of about 1,670,570 people, making it a relatively densely populated County. This relatively dense population places significant demand on health services in the county.
9. According to the Ministry of Health, Bungoma County has a total of approximately 275 Health facilities distributed across its nine sub-counties. Of these, 154 are government-operated health centers, making up the majority of public healthcare provision in the County, the remainder includes faith-based facilities (around 22), private facilities (approximately 95), and a small number under NGOs (about 4).
10. According to the Office of the Controller of Budget Kenya, The County Gross Approved FY 2024/25 Budget was Kshs.15.59 billion. It comprised Kshs.4.97 billion (32 percent) and Kshs.10.62 billion (68 per cent) allocation for development and recurrent programmes, respectively. The budget estimates represented an increase of Kshs.1.56 billion (11 per cent) from the FY 2023/24. The increase was attributed to a rise in its own-source revenue projection and equitable share of revenue raised Nationally.
11. Further, Bungoma County's Gross Approved Budget for the financial year 2024/25 was Kshs. 15.59 billion. The budget comprised Kshs. 4.97 billion (32 percent) allocated to development programs and Kshs. 10.62 billion (68 percent) allocated to recurrent programs. The budget estimate represented an increase of Kshs. 1.56 billion (11 percent) from the FY 2023/24 budget. The increase was attributed to a rise in the county's own-source revenue projections alongside its equitable share revenue raised Nationally.

12. During the period under review, the County reported a collection of Kshs.441.40 million as Facilities Improvement Financing (FIF), which was 42 percent of the annual target of Kshs.1.06 billion. The collected amount was retained and utilized at source in line with the Facility Improvement Financing Act, 2023.

### **1.1.2 KAKAMEGA COUNTY**

13. Kakamega County is located in Western Kenya and borders Vihiga County to the South, Siaya County to the West, Bungoma and Trans Nzoia Counties to the North, and Nandi and Uasin Gishu. The County covers an area of approximately 3,033.8 km<sup>2</sup>. The county has an estimated population of about 1,867,579 people according to the 2019 census, with a population density of 618 people per square kilometer, projecting considerable Healthcare provision needs linked to its population size, density, and geographic spread.
14. The County has at least 374 Health facilities including Public Hospitals, Faith-Based Institutions, Private Clinics, and NGO-run centers. Public Facilities account for over half of the county's Health centers, with the rest divided between private providers (approximately 40%), faith-based groups (7.2%), and NGOs (1.3%) representing about 2.6% of all Health facilities in Kenya.
15. Kakamega County Gross Approved Supplementary I Budget for FY 2024/25 was Kshs.17.93 billion. The Budget comprised Kshs.5.93 billion (33 per cent) and Kshs.12 billion (67 per cent) allocation for development and recurrent programmes, respectively. The budget estimates represented an increase of Kshs.1.38 billion (8.4 per cent) from the FY 2023/24 budget, which comprised a development budget of Kshs.5.24 billion and a recurrent budget of Kshs.11.31 billion. The increase in the budget was attributed to the rise in conditional grants and balances brought forward.
16. During the review period, the County received Kshs.11.35 billion in revenues to fund its development and recurrent activities. The total revenue consisted of Kshs.8.56 billion from the equitable share of revenue raised Nationally, additional allocations from the Government and Development Partners of Kshs.22.93 billion, and its Own-Source Revenue (OSR) collection of Kshs.1.23 billion including Facilities Improvement Financing (FIF) of Kshs.593.75 million and Kshs.640.55 million from other OSR sources such as Annual Investment Allowance (AIA).



## CHAPTER TWO

### 2. COMMITTEE OBSERVATIONS AND STAKEHOLDER SUBMISSIONS

#### 2.1. Meeting with the County Assembly

17. The Committee paid a courtesy call to the County Assembly of Bungoma on 14<sup>th</sup> November, 2025 where it was received by the Speaker, Hon. Emmanuel Situma. The Speaker was accompanied by Hon. George Makari, Chairperson Committee on Health Services alongside other members of the Committee on Health Services. The Chairperson briefed the Speaker and the Members of the County Assembly present about the objectives of the oversight visit.
18. On his part, the Speaker thanked the Committee on its role in mentoring the County Assembly and Committee Members with an aim to improving oversight. The Speaker assured the Committee that the Members of the County Assembly will work closely with the Senate during and after the oversight visit and follow-up on the implementation status of the Senate resolutions.



*Picture 1: The Committee on Health during a courtesy call on the Speaker of the County Assembly of Bungoma.*



## **2.2. Meeting with the Governor, Bungoma County**

19. The Committee paid a courtesy call on the Governor, Bungoma County Government on Friday, 14<sup>th</sup> November, 2025 and briefed him about the objective of the oversight visit.
20. During the courtesy call, the Committee was informed that-
  - a) Bungoma County operates approximately two hundred and seventy-five (275) healthcare facilities distributed across its nine sub-counties. Of these, one hundred and fifty-four (154) are government-operated health centres, which constitute the majority of public healthcare provision in the County. The remainder comprises around twenty-two (22) faith-based facilities, approximately ninety-five (95) private facilities and four (4) facilities operated by Non-Governmental Organizations (NGOs);
  - b) The County's Gross Approved budget for FY 2024/25 totaled Kshs 15.59 billion, comprising Kshs 4.97 billion (32%) for development programmes and Kshs 10.62 billion (68%) for recurrent programmes. These estimates represented an increase of Kshs 1.56 billion (11%) from FY 2023/24, attributed to higher projected own-source revenue and an increased equitable share of nationally raised revenue;
  - c) The County reported a collection of Kshs.441.40 million as FIF, which was 42 percent of the annual target of Kshs.1.06 billion. The collected amount was retained and utilized at source in line with the Facility Improvement Financing Act, 2023; and
  - d) The conversion and confirmation of the Universal Health Coverage (UHC) staff, totaling up to two hundred and forty-five (245) across all cadres, was still pending due to financial constraints. Further the list of the affected members of staff was being validated.

## **2.3. Oversight Visit to Bungoma County Referral Hospital (BCRH)**

21. The Committee conducted an oversight visit to the Bungoma Level 5 Hospital in Bungoma County on Friday 14<sup>th</sup> November, 2025 accompanied Mr. Chrispinus Barasa, the County Executive Committee Member for Health and Sanitation; Dr. Magrina Mayama, the County Chief Officer for Health and Sanitation; Dr. Simon Kisaka, the Bungoma County Hospital Superintendent; Mr. Humphrey Silungi, the County Director of Public Works and Mr. Robert Mose, Bungoma County Health Administrative Officer.
22. During the Committee was informed that:
  - a) The hospital had a bed capacity of three hundred and eleven (311) beds including thirty-one (31) maternity beds. Additionally, the Newborn Unit accommodated a total of thirty-one (31) cots and ten (10) Kangaroo Mother Care (KMC) beds;

- b) The facility employed a total of twenty-two (22) consultants, including eleven (11) medical officers nine (9) on Permanent and Pensionable (PNP) terms and two (2) on contract terms. Additionally, the facility employed thirty-six (36) registered clinical officers, comprising twenty-six (26) on PNP terms, seven (7) on Bungoma County Government contracts, and 3 on Universal Health Coverage (UHC) terms. These included twenty (20) general clinical officers and sixteen (16) specialists;
  - c) Nursing staff totaled to one hundred and eighty-one (181), made up of one hundred and thirty-five (135) on PNP, thirty-five (35) on Bungoma County Contract, nine (9) on UHC, one (1) Dumisha and one (1) on MOH COVID 19 Fund contract. These include one hundred and forty-three (143) general nurses and thirty-eight (38) specialist nurses;
  - d) The pharmacy department had two (2) General pharmacists employed on PNP terms with one (1) on Bungoma county contract, pharmaceutical technologist was seven (7) on PNP, Seven (7) on Bungoma County contract and two (2) on UHC. Further the Radiography services were supported by nine (9) radiographers, of whom four (4) were on PNP terms and one (1) on Bungoma county Government contract and four (4) on Universal Health Coverage (UHC);
  - e) The Nutrition staff included 9 nutritionists three (3) on PNP terms and six (6) officers on Bungoma county Government contract. However, the facility did not have a psychologist on permanent and pensionable terms and therefore relied on locum psychologist;
  - f) The hospital employed eight (8) anesthetists, comprising four (4) clinical officer anesthetists on permanent and pensionable (PNP) terms, two (2) on locum terms, and two (2) nurse anesthetists. The facility also employed nine (9) physiotherapy staff (6 on PNP terms and 3 on contract); 7 occupational therapists (5 on PNP terms, 2 on locum terms, and 1 on Bungoma County Government contract); and 5 orthopedic trauma staff (2 on PNP terms, 2 on contract, and 1 on UHC terms); The hospital was equipped with two (2) dialysis machines that were operational and three (3) that were defective;
23. The Committee was further informed that the hospital faced challenges related to delayed SHA reimbursements amounting to two hundred and fourteen million eight hundred and ninety-four thousand, four hundred and seventeen shillings (214,894,417) which had adversely affected the delivery of effective services. Further, in the FY 2023/2024, the facility collected - 284,017,917 Facility Improvement Fund (FIF) revenues.



24. During the visit at the Bungoma County Referral Hospital, the Committee made the following observations-

- a) That the health management system deployed by *JumboSoft* System was not providing the intended services to the hospital and experienced frequent downtime, despite the substantial investment made in its acquisition;
- b) The Hospital faced significant challenges stemming from deteriorating infrastructure and overcrowding. The physical environment was in poor condition, with broken furniture in consultation rooms, cracked floors, faded and peeling wall paint and damaged ceilings. Wards were congested, forcing some in-patients to occupy verandahs improvised as wards furnished with old, rusty beds, unclean linen, and inadequate working surfaces and equipment, conditions that collectively compromised patient comfort and quality of care;
- c) There were loose electrical sockets and exposed wiring in the laboratory, alongside a shortage of essential reagents, while the hospital kitchen was old, poorly maintained, inadequately equipped and lacked modern equipment and essential tools necessary for efficient operation;



*Picture 2: The cracked floor at the main corridors and common areas of the Bungoma County Referral Hospital.*





*Picture 3 & 4*

*Damaged roof at Bungoma County Referral Hospital with damaged ceilings and loose electrical wires.*





Picture 5 & 6: Severely damp and mould-infested corridor ceiling with corroded exposed pipework, highlighting chronic water leakage and poor maintenance and smoke-stained kitchen wall with extensive tile loss and exposed, deteriorated plaster demonstrating longstanding neglect of basic maintenance in the kitchen.



Picture 7: Piles of obsolete desktop computers, printers and other ICT equipment heaped in a hospital room, underscoring poor e-waste management and the need for structured disposal of condemned assets.



Picture 8: Severely worn kitchen worktop with potholes, stagnant wastewater and cracked surface where vegetables are being prepared, illustrating poor food-handling and infection-prevention standards.







*Picture 9: Old firewood-fueled hospital kitchen with large, soot-stained cooking pots and wet, slippery floor, highlighting outdated equipment and significant occupational and food-hygiene risks.*



*Picture 10: Poorly ventilated and cramped dry-store with cooking oil jerrycans and bulk food sacks stacked on dusty wooden shelves and floor, falling short of recommended food-safety and hospital nutrition standards.*





*Picture 11: The Committee Members inspecting the congested fresh-produce store, noting poor ventilation and cramped storage conditions for vegetables and other food items.*

- d) There was variance in patient data between the admissions office and the wards, particularly between the admission office and the New Mother and Child Wing, where the recorded number of births also differed from the main hospital, raising concerns about data accuracy. The New Mother and Child Facility was well set out and efficiently run; however, it required re-design to facilitate easy access for stretchers and wheelchairs. During the visit to the New Mother and Child Unit, the Committee was also alarmed by the high number of teenage mothers;





Picture 12: *The Mother and Baby Hospital main entrance block, showing the newly constructed maternity wing where the oversight team noted improved infrastructure compared to the old hospital buildings.*

- e) There was only one laundry machine serving the Hospital out of four observed at the laundry unit, with the other machines appearing to have been nonfunctional for an inordinate long period, resulting in a large pile of dirty linen from the medical wards. The Committee observed piles of surgically soiled linen being washed alongside other hospital garments and linen, contrary to the normal practice of separate cleaning and further noted that electronic waste was being dumped in the laundry store. In addition, there were only three laundry staff members who were serving as casual labourers at the unit since 2019;





Picture 13 & 14: *Congested hospital laundry room with ageing industrial machines and a heap of soiled linen on the floor and an abandoned washing machine lying outside the laundry section, symbolizing reflecting inadequate workflow, poor hygiene and limited capacity for safe linen management.*





Picture 15: *Cluttered hospital store room filled with bulging gunny bags, scrap metal and old records, reflecting poor waste segregation, fire risk and inadequate space management at Bungoma County Referral Hospital.*

- f) Some patients informed the Members that they were asked to purchase prescribed medicines from outside the hospital, yet the Committee's inspection of the pharmacy confirmed that the same medicines were in stock and it was further noted that there was no record for controlled opioid (narcotic) analgesic and regulated medicine and drugs such as morphine;
- g) That the waste disposal point was well maintained but it was located adjacent to staff quarters and lacked proper segregation, while the mortuary, though well maintained, was overcrowded and did not have adequate arrangements for managing bereaved families collecting bodies;





Picture 16: Incinerator at the Hospital, where the Committee noted with concern that it is situated adjacent to staff quarters and lacks proper segregation of waste.

**SERVICE DELIVERY CHARTER**  
**FAREWELL HOME**

| SERVICES RENDERED                        | PATIENT CLIENT REQUIREMENTS                | USER CHARGES          | WAITING TIME |
|------------------------------------------|--------------------------------------------|-----------------------|--------------|
| 1. DEPOSIT OF BODY FROM WARD             | PAYMENT RECEIPT NEXT OF KIN IDENTIFICATION | KENYA SHILLING 1000/- | 24 HOURS     |
| 2. DEPOSIT OF BODY FROM OUTSIDE          | PAYMENT RECEIPT NEXT OF KIN IDENTIFICATION | KENYA SHILLING 1000/- | 24 HOURS     |
| 3. BODY PREPARATION                      | PAYMENT RECEIPT                            | KENYA SHILLING 1000/- | 24 HOURS     |
| 4. BODY RECONSTRUCTION (MINOR)           | PAYMENT RECEIPT                            | KENYA SHILLING 1000/- | 24 HOURS     |
| 5. BODY RECONSTRUCTION (MAJOR)           | PAYMENT RECEIPT                            | KENYA SHILLING 1000/- | 24 HOURS     |
| 6. EMBALMING BODY FROM WARD              | PAYMENT RECEIPT                            | KENYA SHILLING 1000/- | 24 HOURS     |
| 7. EMBALMING BODY FROM OUTSIDE           | PAYMENT RECEIPT                            | KENYA SHILLING 1000/- | 24 HOURS     |
| 8. SPECIAL SERVICES                      | PAYMENT RECEIPT                            | KENYA SHILLING 1000/- | 24 HOURS     |
| 9. POSTMORTEM (PRIVATE)                  | PAYMENT RECEIPT                            | KENYA SHILLING 1000/- | 24 HOURS     |
| 10. POSTMORTEM POLICE - INTERNAL         | PAYMENT RECEIPT                            | KENYA SHILLING 1000/- | 24 HOURS     |
| 11. POSTMORTEM POLICE - OUTSIDE          | PAYMENT RECEIPT                            | KENYA SHILLING 1000/- | 24 HOURS     |
| 12. DAILY MORGUE STORAGE CHARGES PER DAY | PAYMENT RECEIPT                            | KENYA SHILLING 1000/- | 24 HOURS     |
| 13. CHARGES AFTER 14 DAYS                | PAYMENT RECEIPT                            | KENYA SHILLING 1000/- | 24 HOURS     |
| 14. BODY PACKING AND DRESSING            | PAYMENT RECEIPT                            | KENYA SHILLING 1000/- | 24 HOURS     |
| 15. DAILY STORAGE OF BODIES              | PAYMENT RECEIPT                            | KENYA SHILLING 1000/- | 24 HOURS     |
| 16. DEPOSIT OF BODY                      | PAYMENT RECEIPT                            | KENYA SHILLING 1000/- | 24 HOURS     |
| 17. REFRIGERATION AND TREATMENT          | PAYMENT RECEIPT                            | KENYA SHILLING 1000/- | 24 HOURS     |
| 18. STORAGE OF SPECIMENS                 | PAYMENT RECEIPT                            | KENYA SHILLING 1000/- | 24 HOURS     |

HAKIKISHA LIMEPEWA RISITI KWA KILA MIALIPO  
NB-ENSURE YOU HAVE BEEN GIVEN AN OFFICIAL RECEIPT FOR EVERY PAYMENT MADE - ONLY PAY AT THE DESIGNATED POINTS AT THE HOSPITAL  
ANY SERVICE THAT DOES NOT CONFORM TO THE ABOVE  
STANDARDS OR AN OFFICER WHO DOES NOT LIVE UP TO THE COMMITMENT TO COURTESY AND EXCELLENCE IN SERVICE DELIVERY  
SHOULD BE REPORTED TO THE HOSPITAL ADMINISTRATION VIA MOBILE NUMBER:  
0721635588 0723602632 0719648433 0722297357 0721517633  
**HUDUMA BORA NI HAKI YAKO**

Picture 17: Service Delivery Charter at the Mortuary of Bungoma County Referral Hospital.



- h) The Committee noted that the Emergency Department, staffed by two medical officers, six clinical officers and twelve nurses, manages a heavy workload from neighbouring counties such as Kakamega and Trans Nzoia, as well as patients from neighbouring Uganda, resulting in significant strain on the already limited resources. It was reported that in some shifts, only one nurse was on duty, further exacerbating the heavy workload and potentially compromising the quality and timeliness of emergency care;
- i) The Committee noted that a Radiography Complex was under construction but expressed concern over the poor workmanship, and further emphasized the need for a comprehensive hospital master plan to consolidate the facility layout and adequately provide for future expansion; and
- j) The Committee observed that the facility had only eight radiographers against an estimated requirement of 16 to 20, resulting in understaffing in the Radiology Department. Moreover, the MES equipment were non-functional, with only one X-ray machine operational, serving approximately 60 patients per day, and there was no functional CT scan available at the facility.



*Picture 18: Committee being taken through a demonstration of X-ray equipment at Bungoma County Referral Hospital.*





*Picture 19: Internal view of the Radiography Complex under construction at Bungoma County Referral Hospital, where the Committee expressed concern over the poor workmanship.*

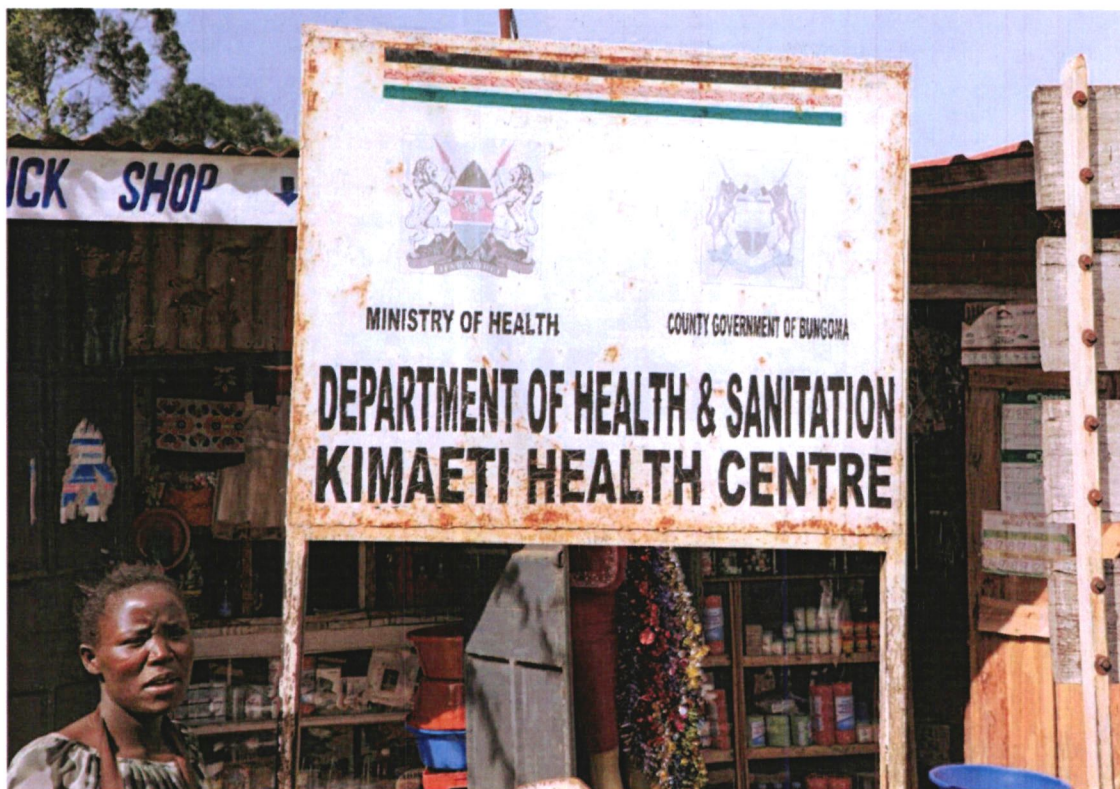




Picture 20: External view of the Radiography Complex where the Committee underscored the importance of a comprehensive hospital master plan to consolidate the facility layout and make adequate provision for future expansion

#### 2.4. County Oversight Visit to Kimaeti Health Centre

25. The Committee conducted an oversight visit to Kimaeti Health Centre on 14<sup>th</sup> November, 2025. The Committee was received by Mr. Paul Wamalwa, Clinical Officer in Charge of the Kimaeti Health Centre, a level III health facility.



*Picture 21: Signage at the entrance of Kimaeti Health Centre in Bungoma County, under the Department of Health and Sanitation.*

26. During the oversight visit, the Committee was informed that the Hospital operated on a 24-hour basis, with the Health Records Unit managed by four contracted employees, two engaged directly by the Hospital and two under a partnership arrangement, who were further supported by students on attachment.
27. The Committee was informed that the facility experienced persistent understaffing, which adversely affected service delivery and compromised the quality of care, with a total of twenty-two (22) casual employees on the staff establishment drawing a combined monthly wage bill of Kshs. 266,000.
28. The Committee was further informed that the facility experiences challenges arising from delayed Social Health Authority (SHA) reimbursements, which have led to arrears in the payment of wages to casual employees. The Committee noted that Kimaeti Health Centre increasingly relies on internally generated resources to sustain operations.



29. The Committee was further informed that the facility comprises a laboratory, pharmacy, Maternal and Child Health (MCH) unit, records office, administration block, male and female wards and a maternity ward, and has a bed capacity of thirty-five (35). At the time of the visit, the Committee also observed a long-stalled building project within the facility. The maternity ward had no curtains or mosquito nets, was not clean and appeared unusually deserted, with some rooms being used to store obsolete materials and documents;
30. The Committee observed that the facility had a total of fourteen staff posted by the County Government, comprising clinical officers, a Health Administrative Officer, two laboratory technologists, one nutritionist, one clerical officer and eight nurses. Against the Ministry of Health staffing norms for a Level 3A facility, the number of clinical officers and nurses was below the recommended minimum, limiting the facility's capacity to provide continuous inpatient and maternity services, while laboratory and nutrition services barely met the minimum staffing requirements;
31. The Committee observed that the health centre infrastructure was in a poor state; the kitchen was a semi-permanent, poorly maintained structure that relied on firewood; the facility depended on inadequate manual sterilization of medical kits; the male wards were poorly maintained, with curtains falling; and there was a stalled building that required completion to decongest the already limited facility space.



*Picture 22: The Committee Chairperson inspects a patient ward at Kimaeti Health Centre in Bungoma County, highlighting concerns about the state of the infrastructure and general ward conditions.*





Picture 23: Obsolete materials stored in one of the rooms at Kimaeti Health Centre.



Picture 24: The Laboratory workspace at Kimaeti Health Centre, Bungoma County.





*Picture 25: Ceiling damage at Kimaeti Health Centre with visible water stains, cracks and structural deterioration.*



*Picture 26: Patient ward at Kimaeti Health Centre, showing inadequate maintenance, with damaged wall structures and worn beddings.*





Picture 27: Sanitation facilities and washroom area showing visible structural deterioration, peeling walls, and inadequate maintenance at Kimaeti Health Centre.



Picture 28: Kitchen facilities at Kimaeti Health Centre, modest infrastructure with visible wear and limited amenities, underscoring the need for investment in improved food preparation and storage areas.



## **2.5. Oversight Visit to Kakamega County Referral Hospital**

32. The Committee conducted an oversight visit to the Kakamega County Referral Hospital on Saturday 15<sup>th</sup> November, 2025 accompanied Mr. Livingstone Imbayi, the County Executive Committee Member for Health Services; Dr. David Alilah, the County Chief Officer for Medical Services; Dr. Dixon Mchana, the Kakamega County Hospital Acting Medical Superintendent. The Committee was also accompanied by the Members of the County Assembly Committee on Health
33. During the oversight visit, the Committee was informed that the facility maintains a total bed capacity of 384. This capacity is distributed across various general and specialized wards to accommodate diverse patient needs. The general wards include Ward 1 with 20 beds, Ward 2 with 19 beds, Ward 3 with 22 beds, Ward 4 with 21 beds, and the largest section, Wards 5A & 5B, which provides 51 beds. Additional general inpatient space is found in Ward 6A (21 beds), Ward 7A (18 beds), Ward 7B (8 beds), Ward 8 (13 beds), and Ward 9 (22 beds).
34. The Committee was informed that specialized care units at the hospital are comprised of a 14-bed Oncology unit, a 10-bed Burns Unit and an Intensive Care Unit (ICU) equipped with 6 beds. Maternal and neonatal care are significant components of the hospital's infrastructure, featuring a Newborn Unit (NBU) with 38 beds, a Post-Natal Ward (PNW) with 45 beds, an Ante-Natal Ward (ANW) with 14 beds and a Labour Ward (LW) with 7 beds. The facility also provides 6 beds for Kangaroo Mother Care (KMC) and 6 beds for the High Dependency Unit (HDU), alongside an Amenity ward containing 23 beds. Beyond active patient care, the hospital's mortuary is noted to have a capacity of 112 bodies.
35. The Committee was further informed that the Hospital's human resources are divided into three primary categories; Permanent and Pensionable (P&P), Locum, and Universal Health Coverage (UHC). The Medical and Clinical Staff consists of 35 consultants, all of whom are on Permanent and Pensionable terms and 51 medical officers consisting of 33 P&P staff and 18 Locum staff. There is a total of 62 Clinical Officers, including 35 P&P, 26 Locum, and 1 UHC. There are 9 specialized clinical officers, all on P&P terms. The nursing staff constitute the largest segment of the workforce. There are 347 general nurses (231 P&P, 112 Locum, and 4 UHC) and 38 specialized nurses (37 P&P and 1 Locum).
36. During the visit at the Kakamega County Referral Hospital, the Committee made the following observations -
  - a) The National Health Information Management System (NHIMS) had not been deployed at the Hospital. The existing reporting system was observed to be user-unfriendly, with patient information not easily retrievable. Furthermore, the facility had an inadequate number of Social Health Authority (SHA) verification machines, compelling patients to be transferred from hospital wards to the admissions area to access SHA services;

- b) The Outpatient Department (OPD) operated only during daytime hours, attending to approximately 120 patients per day and about 45 patients over the weekend. It was further observed that there was no duty rota in place, resulting in delays in service delivery. Additionally, staff members did not wear name tags or uniforms bearing their names, hindering ease of identification and accountability;
- c) The Committee observed that some patients were being detained at the facility due to unsettled hospital bills. The Labour Ward was found to be congested, with 65 mothers occupying only 45 available beds, thereby compromising patient privacy. Similarly, eight incubators were being used to accommodate 15 infants, raising concerns about neonatal safety and the quality of care provided;
- d) The Committee further noted the lack of waiting bays or benches for patients' visitors and the absence of curtains or blinders in some wards, particularly within the maternity section, which affected patient privacy and comfort. Additionally, only two toilets were available for use by over 20 patients and caregivers, highlighting inadequate sanitation facilities in the wards;
- e) The hospital received medical supplies from KEMSA and MEDS; however, a significant portion of the stock had short expiry periods, raising concerns about inventory control and wastage. Further, The Committee observed inconsistencies in the pharmaceutical records, with expired drugs found stocked on the shelves. Patients were further required to obtain prescribed medicines directly from the central drug store due to stock management challenges;
- f) The Emergency Unit lacked essential protective equipment, including hand gloves, which health personnel reported that there were instances where patients were required to purchase medical supplies such as gloves and syringes prior to receiving medical attention. It was further noted that the hospital did not have a functional ambulance, despite substantial budgetary provisions by the County Assembly for the same. Additionally, the designated ambulance driver had not undergone the requisite training. The Committee also noted with concern the dilapidated condition of seats and the deteriorating ceiling within the Accident and Emergency Department;
- g) The Hospital infrastructure was in a dilapidated state. Several window panes were broken and temporarily blocked with cartons. Electrical cables were exposed, posing safety risks, while seats and stretchers were extensively worn out, reflecting poor maintenance of the facility;





*Picture 27:*

*The dilapidated interior of the ambulance at Kakamega County Referral Hospital, including worn seating, rusted surfaces, and inadequate emergency equipment, reflects systemic neglect of critical emergency services.*





Picture 28: A Committee Member points out a damaged signage at the Outpatient Department, highlighting systemic gaps in facility maintenance at Kakamega County Referral Hospital.



Picture 28: The deteriorated state of infrastructure at Kakamega County Referral Hospital, exemplified by weathered and damaged entry doors.





Picture 29: *The worn and damaged furniture at Kakamega County Referral Hospital in a patient service area.*



Picture 30: *Improvised coverings affixed to clinical areas at Kakamega County Referral Hospital.*





Picture 31: Exposed and poorly secured electrical wiring at Kakamega County Referral Hospital.



Picture 32: The water-damaged and deteriorating ceiling at Kakamega County Referral Hospital.





Picture 33: A section of dilapidated infrastructure at Kakamega County Referral Hospital.



Picture 33: A patient being wheeled from the wards to the main admissions section to authenticate SHA biometrics.





Picture 34: Kakamega County Referral Hospital Pharmacy Store.



Picture 35: Members of the Committee inspect the pharmacy store at Kakamega County Referral Hospital, where they noted a significant portion of the stock had short expiry periods, raising concerns over inventory control and potential wastage.



- h) The Radiology Unit lacked essential consumables required for its efficient operation. The mammogram and MRI machines had been non-functional for the past five months, while the ultrasound equipment was not operating optimally. Additionally, the laboratory was found to be equipped with obsolete and aging machines, which adversely affected the quality and timeliness of diagnostic services;
- i) The hospital waste was being poorly managed, with waste from the dumpsite burnt in an open field. Staff assigned to handle and burn the waste were not provided with appropriate protective clothing, thereby exposing them to health and safety risks;
- j) The facility's roofing structure was made of asbestos, in contravention of the Environmental Management and Coordination (Waste Management) Regulations, 2006. Although the Hospital had a secured plot designated for the disposal of replaced asbestos roofing, pieces of asbestos were still visible on the grounds, and some asbestos materials had been buried in an open area used as an incinerator, posing serious environmental and occupational health hazards;



*Picture 34: Accumulated bio medical waste at Kakamega County Referral Hospital, where the Committee observed poor waste management practices, including the burning of refuse including medical wastes in an open field.*





Picture 35: Accumulated mixed waste at Kakamega County Referral Hospital.



Picture 36: Members of the Committee inspect the open hospital dumpsite at Kakamega County Referral Hospital, where they observed that waste from the facility was being burnt in the open exposing patients, staff and the surrounding community to serious health and safety risks.









Picture 37& 38: *The Committee visit to the area designated for the disposal of replaced asbestos roofing where pieces of asbestos were still visible on the hospital grounds, and some asbestos materials had been buried in an open area used as an incinerator.*



- k) The mortuary was well maintained and efficiently managed. It had a private wing that generated own-source revenue for the hospital. The unit had nine morticians—three permanent and six on contract—one of whom had served for nine years without confirmation. The Committee further noted concerns regarding staff who had served for extended periods without being confirmed as permanent and pensionable employees.







*Picture 40: The Kakamega County Referral Hospital Mortuary which was observed to be well maintained and efficiently managed.*







Picture 41: The 'private wing' of the Kakamega County Referral Hospital.



## **CHAPTER THREE**

### **3. COMMITTEE OBSERVATIONS**

37. The Committee made the following observations from the visit to the healthcare facilities in the two counties.

#### **3.1. Infrastructure and Physical Facilities**

##### ***a) Structural deterioration and maintenance deficits***

38. The Committee observed widespread infrastructure deterioration across the visited facilities. At Bungoma County Referral Hospital (BCRH), the physical environment was in poor condition with broken furniture in consultation rooms, cracked floors, faded and peeling wall paint and damaged ceilings. Wards were congested forcing some in-patients to occupy verandahs improvised as wards furnished with old, rusty beds, unclean linen and inadequate working surfaces and equipment.

39. At Kimaeti Health Centre, the infrastructure was similarly in a poor state. The facility depended on a semi-permanent, poorly maintained kitchen structure that relied on firewood. Male wards were poorly maintained with curtains falling and there was visible ceiling damage with water stains, cracks and structural deterioration. Sanitation facilities showed visible structural deterioration, peeling walls and inadequate maintenance.

40. Kakamega County Referral Hospital (KCRH) exhibited equally concerning conditions. The hospital infrastructure was in a dilapidated state with several broken window panes temporarily blocked with cartons. Electrical cables were exposed, posing safety risks, while seats and stretchers were extensively worn out. The Committee observed water-damaged and deteriorating ceilings, damaged entry doors and worn furniture in patient service areas.

##### ***b) Occupational Health and Safety Hazards***

41. Another critical cross-cutting deficiency is the lack of safe disposal mechanisms, particularly functional incinerators across the counties. At BCRH, the Committee noted loose electrical sockets and exposed wiring in the laboratory. The hospital kitchen was old, poorly maintained, inadequately equipped and lacked modern equipment and essential tools necessary for efficient operation.

42. At KCRH exposed electrical cables posed immediate safety risks. Most alarmingly, the facility's roofing structure was made of asbestos, in contravention of the Environmental Management and Coordination (Waste Management) Regulations, 2006. Although the Hospital had a secured plot designated for disposal of replaced asbestos roofing, pieces of asbestos were still visible on the grounds, and some asbestos materials had been buried in an open area used as an incinerator, posing serious environmental and occupational health hazards.



***c) Inadequate Capacity and Overcrowding***

43. Both referral hospitals demonstrated severe overcrowding. At BCRH, wards were congested with patients occupying verandahs as improvised wards. The Emergency Department, staffed by two medical officers, six clinical officers and twelve nurses, manages a heavy workload from neighbouring counties such as Kakamega and Trans Nzoia, as well as patients from neighbouring Uganda, resulting in significant strain on already limited resources. It was reported that in some shifts, only one nurse was on duty.
44. At KCRH, the Labour Ward was found to be congested with 65 mothers occupying only 45 available beds, thereby compromising patient privacy. Similarly, eight incubators were being used to accommodate 15 infants, raising concerns about neonatal safety and the quality of care provided. The Committee further noted the lack of waiting bays or benches for patients' visitors and the absence of curtains or blinders in some wards, particularly within the maternity section.

***d) Incomplete and Stalled Development Projects***

45. The Committee observed evidence of stalled construction projects. At BCRH, a Radiography Complex was under construction but the Committee expressed concern over the poor workmanship and emphasized the need for a comprehensive hospital master plan to consolidate the facility layout and adequately provide for future expansion.
46. At Kimaeti Health Centre, the Committee observed a long-stalled building project within the facility that required completion to decongest the already limited facility space. The maternity ward appeared unusually deserted with some rooms being used to store obsolete materials and documents.

**3.2. Human Resources for Health**

***a) Chronic Understaffing***

47. Understaffing emerged as a critical challenge across all visited facilities. At Kimaeti Health Centre, the Committee was informed that the facility experienced persistent understaffing which adversely affected service delivery and compromised the quality of care. The facility had a total of fourteen staff posted by the County Government. Against the Ministry of Health staffing norms for a Level 3A facility. The number of clinical officers and nurses was below the recommended minimum, limiting the facility's capacity to provide continuous inpatient and maternity services.
48. At BCRH, the facility had only eight radiographers against an estimated requirement of 16 to 20, resulting in understaffing in the Radiology Department. The hospital did not have a psychologist on permanent and pensionable terms and therefore relied on locum psychologists.



**b) Employment Terms and Job Security Issues**

49. The Committee observed concerning patterns regarding employment terms. At Bungoma County Referral Hospital, the conversion and confirmation of Universal Health Coverage (UHC) staff totaling up to 245 across all cadres was still pending due to financial constraints, with the list of affected staff said to be undergoing validation.
50. At Kimaeti Health Centre, the facility had a total of 22 casual employees on the staff establishment drawing a combined monthly wage bill of Kshs 266,000. The facility experienced challenges arising from delayed Social Health Authority (SHA) reimbursements, which had led to arrears in the payment of wages to casual employees. Three laundry staff members at BCRH had been serving as casual labourers since 2019.
51. At Kakamega County Referral Hospital, the Committee noted with concern staff who had served for extended periods without being confirmed as permanent and pensionable employees. One mortician had served for nine years without confirmation.

**c) Staff Identification and Accountability**

52. At Kakamega County Referral Hospital, the Committee observed that staff members did not wear name tags or uniforms bearing their names, hindering ease of identification and accountability. Additionally, there was no duty *rota* in place in the Outpatient Department, resulting in delays in service delivery.

**3.3. Medical Equipment and Technology**

**a) Non-Functional and Inadequate Technology**

53. The Committee found numerous instances of non-functional critical medical equipment. The BCRH was equipped with two dialysis machines that were operational and three that were defective. The MES equipment were non-functional, with only one X-ray machine operational serving approximately 60 patients per day, and there was no functional CT scan available at the facility. At Kimaeti Health Centre, the facility depended on inadequate manual sterilization of medical kits, indicating lack of modern sterilization equipment.
54. At Kakamega County Referral Hospital, the mammogram and MRI machines had been non-functional for the past five months, while the ultrasound equipment was not operating optimally. The laboratory was found to be equipped with obsolete and aging machines which adversely affected the quality and timeliness of diagnostic services. The hospital did not have a functional ambulance despite substantial budgetary provision for the same. Further the designated ambulance driver had not undergone the requisite training.

**b) Laundry and Sanitation Equipment**

55. At Bungoma County Referral Hospital, there was only one laundry machine serving the Hospital out of four observed at the laundry unit, with the other machines appearing to have been nonfunctional for an inordinate long period, resulting in a large pile of dirty linen from the medical wards.

**c) Electronic Waste Management**

56. The Committee observed poor management of obsolete equipment. At Bungoma County Referral Hospital, piles of obsolete desktop computers, printers and other ICT equipment were heaped in a hospital room underscoring poor e-waste management and the need for structured disposal of condemned assets. Electronic waste was also being dumped in the laundry store.

**3.4. Health Information Systems and Data Management**

**a) System Performance and Downtime**

57. At Bungoma County Referral Hospital, the Committee observed that the health management system deployed by *JumboSoft* System was not providing the intended services to the hospital and experienced frequent downtime, despite the substantial investment made in its acquisition.

**b) Data Accuracy and Consistency**

58. The Committee identified significant data integrity issues. At Bungoma County Referral Hospital, there was variance in patient data between the admissions office and the wards, particularly between the admission office and the New Mother and Child Wing where the recorded number of births also differed from the main hospital, raising concerns about data accuracy.

**c) System Deployment Gaps**

59. At Kakamega County Referral Hospital, the National Health Information Management System (NHIMS) had not been deployed. The existing reporting system was observed to be user-unfriendly, with patient information not easily retrievable. Furthermore, the facility had an inadequate number of Social Health Authority (SHA) verification machines compelling patients to be transferred from hospital wards to the admissions area to access SHA services.

**3.5. Pharmaceutical Services and Supply Chain Management**

**a) Stock Management Deficiencies**

60. Kakamega County Referral Hospital had received medical supplies from KEMSA and MEDS; however, a significant portion of the stock had short expiry periods, raising concerns about inventory control and wastage. The Committee observed inconsistencies in the pharmaceutical records, with expired drugs found stocked on the shelves. Patients were required to obtain prescribed medicines directly from the central drug store due to stock management challenges.



**b) Patient Access to Medicines**

61. At Bungoma County Referral Hospital, patients informed Members that they were asked to purchase prescribed medicines from outside the hospital, yet the Committee's inspection of the pharmacy confirmed that the same medicines were in stock.

**c) Controlled Substances Management**

62. At Bungoma County Referral Hospital, it was noted that there was no record for controlled opioid (narcotic) analgesic and regulated medicine and drugs such as morphine.

**d) Shortage of Essential Supplies**

63. At Kakamega County Referral Hospital, the Emergency Unit lacked essential protective equipment, including hand gloves. Health personnel reported instances where patients were required to purchase medical supplies such as gloves and syringes prior to receiving medical attention. The Radiology Unit lacked essential consumables required for its efficient operation.

**3.6. Infection Prevention and Control**

**a) Laundry and Linen Management**

64. At BCRH the Committee observed piles of surgically soiled linen being washed alongside other hospital garments and linen, contrary to the normal practice of separate cleaning. There was a large pile of dirty linen from the medical wards due to insufficient functional laundry machines.

**b) Kitchen and Food Safety**

65. The Committee identified serious food safety concerns. At BCRH, the hospital kitchen exhibited smoke-stained walls with extensive tile loss and exposed, deteriorated plaster demonstrating longstanding neglect of basic maintenance. The Committee observed a severely worn kitchen worktop with potholes, stagnant wastewater and cracked surface where vegetables were being prepared, illustrating poor food-handling and infection-prevention standards. The old firewood-fueled hospital kitchen had large, soot-stained cooking pots and wet, slippery floors. The dry-store was poorly ventilated and cramped with cooking oil jerrycans and bulk food sacks stacked on dusty wooden shelves and floor.
66. At Kimaeti Health Centre, the kitchen was a semi-permanent, poorly maintained structure that relied on firewood with visible wear and limited amenities.

**c) Sanitation Facilities**

67. At Kakamega County Referral Hospital, only two toilets were available for use by over 20 patients and caregivers, highlighting inadequate sanitation facilities in the wards. At Kimaeti Health Centre, sanitation facilities and washroom areas showed visible structural deterioration, peeling walls, and inadequate maintenance.

**d) Waste Management Practices**

68. Critical waste management failures were also observed. At BCRH, the waste disposal point was well maintained but was located adjacent to staff quarters and lacked proper segregation. At KCRH waste was being poorly managed, with waste from the dumpsite burnt in an open field. Staff assigned to handle and burn the waste were not provided with appropriate protective clothing, thereby exposing them to health and safety risks. The Committee observed accumulated biomedical waste and mixed waste being burnt in the open, exposing patients, staff and the surrounding community to serious health and safety risks.

**3.7. Financial Management and Sustainability**

**a) Social Health Authority (SHA) Reimbursement Challenges**

69. Both referral hospitals reported significant challenges with SHA reimbursements. At Bungoma County Referral Hospital, the hospital faced challenges related to delayed Social Health Authority (SHA) reimbursements amounting to Kshs 214,894,417 which had adversely affected the delivery of effective services. At Kakamega County Referral Hospital, the Committee observed that some patients were being detained at the facility due to unsettled hospital bills.
70. At Kimaeti Health Centre, the facility experienced challenges arising from delayed Social Health Authority (SHA) reimbursements, which had led to arrears in the payment of wages to casual employees. The Committee was informed that Kimaeti Health Centre increasingly relies on internally generated resources to sustain operations.

**b) Facility Improvement Financing**

71. In Financial Year 2023/2024, the Bungoma County Referral Hospital collected Kshs 284,017,917 in Facility Improvement Fund (FIF) revenues. During the visit, the County reported a collection of Kshs 441.40 million as FIF in FY 2024/2025, which was 42 percent of the annual target of Kshs 1.06 billion, retained and utilized at source in line with the Facility Improvement Financing Act, 2023.

**3.8. Specialized Services and Emergency Care**

**a) Emergency Department Operations**

72. At Kakamega County Referral Hospital, the Outpatient Department operated only during daytime hours, attending to approximately 120 patients per day and about 45 patients over the weekend. At Bungoma County Referral Hospital, the Emergency Department manages a heavy workload from neighbouring counties and neighbouring Uganda, with reports that in some shifts only one nurse was on duty, further exacerbating the heavy workload and potentially compromising the quality and timeliness of emergency care.



***b) Mortuary Services***

73. At Bungoma County Referral Hospital, the mortuary, though well maintained, was overcrowded and did not have adequate arrangements for managing bereaved families collecting bodies. In contrast, the Kakamega County Referral Hospital mortuary was well maintained and efficiently managed with a private wing that generated own-source revenue for the hospital.

***c) Maternity and Neonatal Care***

74. At Bungoma County Referral Hospital, the New Mother and Child Facility was well set out and efficiently run; however, it required re-design to facilitate easy access for stretchers and wheelchairs. During the visit to the New Mother and Child Unit, the Committee was alarmed by the high number of teenage mothers. At Kimaeti Health Centre, the maternity ward had no curtains or mosquito nets, was not clean and appeared unusually deserted.

**3.9. Quality Assurance and Service Delivery**

***a) Patient Privacy and Dignity***

75. Patient privacy concerns were noted at multiple facilities. At KCRH the lack of curtains or blinders in some wards particularly within the maternity section affected patient privacy and comfort. The Labour Ward congestion with 65 mothers occupying only 45 beds compromised patient privacy. At Kimaeti Health Centre, the maternity ward lacked curtains or mosquito nets.

***b) Patient Experience and Access***

76. At Kakamega County Referral Hospital, patients were required to obtain prescribed medicines directly from the central drug store due to stock management challenges, and were compelled to be transferred from hospital wards to the admissions area to access SHA services due to inadequate verification machines. At Bungoma County Referral Hospital, patients reported being asked to purchase prescribed medicines from outside the hospital despite the same medicines being in stock.

## **CHAPTER FOUR**

### **4. COMMITTEE RECOMMENDATIONS**

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

#### **4.1. Cabinet Secretary, Ministry of Health**

78. The Committee makes the following recommendations to the Cabinet Secretary, Ministry of Health-

- 1) To fast-track the conclusion and financing of the conversion of UHC staff to permanent and pensionable terms with clear timelines and present an implementation report to the Senate within sixty (60) days from the date of adoption of this report; and
- 2) To prioritize deployment and integration of the National Health Information Management System at all county referral hospitals and ensure full functionality of these digital systems, accompanied by user training and change-management.

#### **4.2. Chief Executive of Social Health Authority (SHA)**

79. The Committee makes the following recommendations to the Chief Executive Officer of Social Health Authority-

- 1) To ensure that the National Health Information Management System and SHA verification infrastructure, including biometric and claims-processing equipment, are fully deployed and functional at all public healthcare facilities so that patients are not moved from wards to admissions areas merely to access SHA services;
- 2) To develop and implement a time-bound plan to clear outstanding reimbursement backlogs to all public healthcare facilities and ensure predictable disbursement cycles to prevent service disruption and wage arrears;
- 3) To establish clear turnaround time standards for claim processing and reimbursement to county healthcare facilities and file with the Senate an annual performance report comparing actual reimbursement times against the approved standards for each Level 3, Level 4 and Level 5 healthcare facilities
- 4) To provide an implementation status to the aforementioned recommendations within sixty (60) days from the date of adoption of this report.



#### **4.3. Governor, Bungoma County Government**

80. The Committee makes the following recommendations to the Governor, Bungoma County Government-

- 1) To provide adequate budgetary provision in the Financial Year 2026/2027 for phased absorption, harmonization of remuneration and settlement of related healthcare staff obligations;
- 2) To undertake a comprehensive structural audit and phased rehabilitation of cracked floors, leaking roofs, broken ceilings, damaged doors and windows and unsafe electrical installations prioritizing high-risk clinical areas;
- 3) To ring-fence and programme part of the development budgets and FIF collections to complete stalled buildings, including the Kimaeti Health Centre block and Bungoma radiography complex and decongest overcrowded wards and maternity units;
- 4) To review the contract and performance of the *JumboSoft* Hospital Information System and either enforce service-level agreements to ensure uptime, functionality and user support or competitively procure an alternative interoperable system within a defined timeline;
- 5) To allocate dedicated funds to repair or replace non-functional dialysis, MES radiology equipment, mammogram, MRI and obsolete laboratory machines and ensure preventive maintenance schedules are implemented and reported quarterly to the County Assembly and the Senate;
- 6) To enforce strict pharmacy accountability measures, including daily stock reconciliations, prohibition of directing patients to purchase medicines externally where stock exists in-house and proper controlled-drug registers for opioids and other regulated medicines;
- 7) To urgently procure additional functional laundry machines, employ adequate laundry staff on formal terms and enforce segregation and separate processing of surgically soiled linen, in line with the National Infection Prevention and Control (IPC) Guidelines;
- 8) To provide sufficient resources to upgrade kitchen infrastructure from firewood-based, poorly ventilated units to safer, energy-efficient systems, replace damaged worktops, and enforce food-handling standards, including proper dry and fresh-produce storage and pest control;
- 9) To strengthen financial management of FIF by ensuring timely remittance and transparent utilization at facility level, with public disclosure of collections and expenditures;

- 10) To allocate sufficient resources to provide curtains, blinders and adequate toilets and visitor waiting areas in all wards, particularly maternity units, to guarantee patient privacy, dignity and comfort; and
  - 11) To establish and enforce a transparent human resource management framework in the health sector, including clear duty rosters, staff identification, promotion guidelines, grievance redress mechanisms, and periodic review of staffing levels against Ministry of Health norms, so as to reduce staff demotivation, improve accountability and support continuity of care.
81. The Governor, Bungoma County submits an implementation status to the aforementioned recommendations within sixty (60) days from the date of adoption of this report.

#### **4.4. Governor, Kakamega County Government**

82. The Committee makes the following recommendations to the Governor, Kakamega County Government-
- 1) To ensure that long serving officers who meet the applicable legal and administrative requirements are considered for confirmation to permanent and pensionable terms, promotion, or placement into equivalent secure terms of service in accordance with Article 41 of the Constitution, the County Governments Act and the principles of fair labour practices in public service;
  - 2) To strengthen inventory management to minimize receipt of near-expiry medicines, ensure timely redistribution of short-dated stock and eliminate storage of expired medicines on dispensing shelves;
  - 3) To immediately cease open-field burning of mixed and biomedical waste, operationalize or upgrade compliant incineration and waste-segregation systems and provide appropriate PPE to all waste-handling staff;
  - 4) To increase staffing and on-call coverage in Emergency Departments and maternity units and enforce duty *rotas* that guarantee minimum nurse and clinician numbers per shift, especially in high-volume facilities;
  - 5) To expeditiously procure and operationalize a fully equipped ambulance for Kakamega County Referral Hospital and ensure that drivers receive accredited Emergency Driving & Basic Life Support (BLS) Training;
  - 6) To immediately stop the detention of patients over unpaid bills and develop social-protection and indigent-care protocols in line with national policy for handling financially constrained patients;



- 7) To develop and implement a compliant plan for safe removal, handling, transport and disposal of asbestos roofing materials from Kakamega CRH, including remediation of areas where asbestos has been buried or exposed;
  - 8) To conduct regular occupational safety audits in hospitals, focusing on exposed electrical wiring, unsafe floors, lack of PPE and unsafe waste-handling practices and implement corrective measures with clear timelines;
  - 9) To undertake a comprehensive structural audit and phased rehabilitation of cracked floors, leaking roofs, broken ceilings, damaged doors and windows and unsafe electrical installations prioritizing high-risk clinical areas;
  - 10) To develop and implement disposal plans for obsolete ICT and medical equipment, in line with e-waste and hazardous waste regulations, and report compliance to National Environment and Management Authority (NEMA) and the Senate within sixty days (60) of adoption of this report;
  - 11) To enforce strict pharmacy accountability measures, including daily stock reconciliations, prohibition of directing patients to purchase medicines externally where stock exists in-house, and proper controlled-drug registers for opioids and other regulated medicines; and
  - 12) To enforce staff identification and accountability by requiring visible name tags and uniforms for all frontline health workers and establishing functional complaints and feedback mechanisms for patients.
83. The Committee further recommends that the Governor, Kakamega County submits an implementation status to the aforementioned recommendations within sixty (60) days from the date of adoption of this report.

#### **4.5. County Public Service Boards of Bungoma and Kakamega**

84. The Committee makes the following recommendations to the County Public Service Boards of Bungoma and Kakamega Counties-
- 1) To undertake a comprehensive audit of all long serving staff in the county health departments and county referral hospitals, indicating cadre, date of first appointment, current terms of service, station, source of emoluments and whether the officer serves against an approved establishment;
  - 2) To develop and implement a time-bound regularization plan for healthcare worker who have served for prolonged periods on locum, casual, contract or other insecure terms while discharging continuous and core health functions, with priority accorded to critical cadres in referral hospitals and high-volume primary care facilities.

- 3) To submit progress reports on the status of validation, confirmation, deployment, promotion and retention of long serving staff, including officers who have served for extended periods without confirmation within sixty (60) days from the date of tabling this report.



*Annex 1:*

**Minutes of the Committee  
Sittings**



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

#### **MINUTES OF THE SIXTEENTH (16<sup>TH</sup>) SITTING OF THE STANDING COMMITTEE ON HEALTH HELD ON, THURSDAY 26<sup>TH</sup> MARCH, 2026 AT 11.00 PM AT GLEE HOTEL, KIAMBU COUNTY**

##### **MEMBERS PRESENT**

- |                                                |                    |
|------------------------------------------------|--------------------|
| 1. Sen. Jackson K. Arap Mandago, EGH, MP       | - Chairperson      |
| 2. Sen. Mariam Sheikh Omar, MP                 | - Vice-Chairperson |
| 3. Sen. Justice (Rtd) Stewart Madzayo, EGH, MP | - Member           |
| 4. Sen. Richard Onyonka, MP                    | - Member           |
| 5. Sen. Tabitha Mutinda, CBS, MP               | - Member           |
| 6. Sen. Hamida Kibwana, MP                     | - Member           |
| 7. Sen. Vincent Kiprono Chemitei Cheburet, MP  | - Member           |

##### **ABSENT WITH APOLOGY**

- |                                  |          |
|----------------------------------|----------|
| 1. Sen. Ledama Olekina, CBS, MP  | - Member |
| 2. Sen. Joseph Githuku Kamau, MP | - Member |

##### **SENATE SECRETARIAT**

- |                         |                           |
|-------------------------|---------------------------|
| 1. Mr. Humphrey Ringera | - Senior Research Officer |
| 2. Mr. Amos Kiangwe     | - Senior Clerk Assistant  |
| 3. Mr. David Ngamate    | - Clerk Assistant         |
| 4. Mr. Gilbert Juma     | - Legal Counsel           |
| 5. Mr. Ian Otieno       | - Audio Recording Officer |
| 6. Mr. Stanley Gekore   | - Media Relations Officer |
| 7. Ms. Yvonne Momanyi   | - Legal Intern (DLS)      |
| 8. Mr. Ham Juma         | - Legal Intern (DLS)      |

##### **MIN/SEN/SCH/077/2026**

##### **PRELIMINARIES**

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



**MIN/SEN/SCH/078/2026****ADOPTION OF THE AGENDA**

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

1. Preliminaries;
  - a) *Prayer*
  - b) *Introductions*
2. Adoption of the Agenda;
3. Confirmation of the Minutes;
4. Matters arising;
5. Consideration and Adoption of Committee Report on Oversight Visit to Bungoma and Kakamega Counties (*Committee Paper No.169*);
6. Any other Business; and
7. Adjournment/Date of the Next Meeting

**MIN/SEN/SCH/079/2026****CONFIRMATION OF THE MINUTES**

1. The Minutes of the 64<sup>th</sup> meeting held on Friday, 14<sup>th</sup> November, 2025 were confirmed as a true record of the proceedings having been proposed by Sen. Mariam Omar, MP and seconded by Sen. Richard Onyonka, MP;
2. The Minutes of the 65<sup>th</sup> meeting held on Friday, 14<sup>th</sup> November, 2025 were confirmed as a true record of the proceedings having been proposed by Sen. Mariam Omar, MP and seconded by Sen. Richard Onyonka, MP;
3. The Minutes of the 66<sup>th</sup> meeting held on Saturday, 15<sup>th</sup> November, 2025 were confirmed as a true record of the proceedings having been proposed by Sen. Richard Onyonka, MP and seconded by Sen. Mariam Omar, MP;
4. The Minutes of the 67<sup>th</sup> meeting held on Saturday, 15<sup>th</sup> November, 2025 were confirmed as a true record of the proceedings having been proposed by Sen. Mariam Omar, MP and seconded by Sen. Richard Onyonka, MP;
5. The Minutes of the 6<sup>th</sup> meeting held on Thursday, 12<sup>th</sup> March, 2026 were confirmed as a true record of the proceedings having been proposed by Sen. Tabitha Mutinda, CBS, MP and seconded by Sen. Justice (Rtd) Stewart Madzayo, EGH, MP;
6. The Minutes of the 11<sup>th</sup> meeting held on Monday, 16<sup>th</sup> March, 2026 were confirmed as a true record of the proceedings having been proposed by Sen. Tabitha Mutinda, CBS, MP and seconded by Sen. Hamida Kibwana, MP;
7. The Minutes of the 12<sup>th</sup> meeting held on Monday, 16<sup>th</sup> March, 2026 were confirmed as a true record of the proceedings having been proposed by Sen. Tabitha Mutinda, CBS, MP and seconded by Sen. Hamida Kibwana, MP;
8. The Minutes of the 14<sup>th</sup> meeting held on Monday, 23<sup>rd</sup> March, 2026 were confirmed as a true record of the proceedings having been proposed by Sen. Hamida Kibwana, MP and seconded by Sen. Richard Onyonka, MP; and

9. The Minutes of the 15<sup>th</sup> meeting held on Monday 23<sup>rd</sup> March, 2026 were confirmed as a true record of the proceedings having been proposed by, Sen. Tabitha Mutinda, CBS, MP and seconded by Sen. Justice (Rtd) Stewart Madzayo, EGH, MP;

**MIN/SEN/SCH/080/2026**

**MATTERS ARISING FROM PREVIOUS MINUTES**

There were no matters arising.

**MIN/SEN/SCH/081/2026**

**CONSIDERATION AND ADOPTION OF COMMITTEE REPORT ON OVERSIGHT VISIT TO BUNGOMA AND KAKAMEGA COUNTIES (COMMITTEE PAPER NO.169);**

1. The Secretariat presented the Committee Report on the oversight visits to Bungoma and Kakamega counties as contained in *Committee Paper No. 169* for consideration and adoption.
2. Following deliberations, the Committee adopted the report with amendments after being proposed by Sen. Mariam Sheikh Omar, MP and seconded by Sen. Tabitha Mutinda, CBS, MP.

**MIN/SEN/SCH/082/2026**

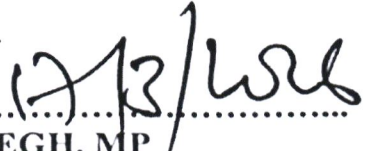
**ANY OTHER BUSINESS**

1. The Committee resolved to invite the Chief Executive Officer of the Social Health Authority to the meeting of the Committee scheduled to take place on Thursday 23<sup>rd</sup> April, 2026 to present the operational report on SHA and respond to issues raised in Statements pending before the Committee. The Committee further resolved that at the said meeting, all Members of the Senate should be invited; and
2. Members were informed that an approval had been granted to undertake oversight visits to Nakuru, Baringo, Elgeyo Marakwet, Uasin Gishu and Nandi Counties from Sunday 13<sup>th</sup> April to Saturday, 18<sup>th</sup> April, 2026. Consequently, Members were requested to confirm their attendance for logistical planning.

**MIN/SEN/SCH/083/2026**

**ADJOURNMENT**

There being no other business, the meeting ended at thirty minutes past ten minutes past one o'clock. The next meeting shall be held twelve noon at the same venue.

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





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

**MINUTES OF THE SIXTY-SEVENTH (67<sup>TH</sup>) SITTING OF THE STANDING COMMITTEE ON HEALTH HELD ON SATURDAY, 15<sup>TH</sup> NOVEMBER, 2025 AT KAKAMEGA COUNTY REFERRAL HOSPITAL AT 11.00 AM**

**MEMBERS PRESENT**

- |                                          |                    |
|------------------------------------------|--------------------|
| 1. Sen. Jackson K. Arap Mandago, EGH, MP | - Chairperson      |
| 2. Sen. Mariam Sheikh Omar, MP           | - Vice-Chairperson |
| 3. Sen. David Wakoli, CBS, MP            | - Member           |
| 4. Sen. Richard Onyonka, MP              | - Member           |
| 5. Sen. Joseph Githuku Kamau, MP         | - Member           |

**ABSENT WITH APOLOGY**

- |                                                |          |
|------------------------------------------------|----------|
| 1. Sen. Justice (Rtd) Stewart Madzayo, EGH, MP | - Member |
| 2. Sen. Ledama Olekina, CBS, MP                | - Member |
| 3. Sen. Tabitha Mutinda, CBS, MP               | - Member |
| 4. Sen. Hamida Kibwana, MP                     | - Member |

**SENATE SECRETARIAT**

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

**IN ATTENDANCE**

- |                           |                                                      |
|---------------------------|------------------------------------------------------|
| 1) Dr. Livingstone Imbayi | - County Executive Committee Member, Health Services |
| 2) Dr. David Alilah       | - Chief Officer, Medical Services                    |
| 3) Ms. Rose Muhanda       | - Chief Officer, Public Health                       |
| 4) Dr. Dixon Mchana       | - Ag. Medical Superintendent.                        |

**MIN/SEN/SCH/338/2025**

**PRELIMINARIES**

The meeting was called to order at eleven o'clock and the proceedings commenced with a word of prayer and brief introductions of those present.

**MIN/SEN/SCH/339/2025**

**OVERSIGHT VISIT AT KAKAMEGA COUNTY  
REFERRAL HOSPITAL**

1. The Committee conducted an oversight visit to the Kakamega County Referral Hospital on Saturday 15<sup>th</sup> November, 2025 accompanied Mr. Livingstone Imbayi, the County Executive Committee Member for Health Services, Dr. David Alilah, the County Chief Officer for Medical Services, Dr. Dixon Mchana, the Kakamega County Hospital Acting Medical Superintendent. The Committee was accompanied by the Members of the County Assembly counterpart committee on health led by the Vice Chairperson Mr. Bonface Mabuka
2. During the oversight visit, the Committee was informed that Kakamega County Referral Hospital the facility maintains a total bed capacity of 384. This capacity is distributed across various general and specialized wards to accommodate diverse patient needs. The general wards include Ward 1 with 20 beds, Ward 2 with 19 beds, Ward 3 with 22 beds, Ward 4 with 21 beds, and the largest section, Wards 5A & 5B, which provides 51 beds. Additional general inpatient space is found in Ward 6A (21 beds), Ward 7A (18 beds), Ward 7B (8 beds), Ward 8 (13 beds), and Ward 9 (22 beds);
3. Specialized care units at the hospital are comprised of a 14-bed Oncology unit, a 10-bed Burns Unit, and an Intensive Care Unit (ICU) equipped with 6 beds. Maternal and neonatal care are significant components of the hospital's infrastructure, featuring a Newborn Unit (NBU) with 38 beds, a Post-Natal Ward (PNW) with 45 beds, an Ante-Natal Ward (ANW) with 14 beds, and a Labour Ward (LW) with 7 beds. The facility also provides 6 beds for Kangaroo Mother Care (KMC) and 6 beds for the High Dependency Unit (HDU), alongside an Amenity ward containing 23 beds. Beyond active patient care, the hospital's mortuary is noted to have a capacity of 112
4. The Committee was further informed that the Hospital's human resources are divided into three primary categories; Permanent and Pensionable (P&P), Locum, and Universal Health Coverage (UHC). The Medical and Clinical Staff consists of 35 consultants, all of whom are on Permanent and Pensionable terms and 51 medical officers consisting of 33 P&P staff and 18 Locum staff. There is a total of 62 Clinical Officers, including 35 P&P, 26 Locum, and 1 UHC. There are 9 specialized clinical officers, all on P&P terms;
5. The Committee was informed that the nursing staff constitute the largest segment of the workforce. There are 347 general nurses (231 P&P, 112 Locum, and 4 UHC) and 38 specialized nurses (37 P&P and 1 Locum).





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

**MINUTES OF THE SIXTY-SIXTH (66<sup>TH</sup>) SITTING OF THE STANDING  
COMMITTEE ON HEALTH HELD ON SATURDAY, 15<sup>TH</sup> NOVEMBER, 2025 AT  
KAKAMEGA COUNTY GOVERNOR'S OFFICE, KAKAMEGA COUNTY**

**MEMBERS PRESENT**

- |                                          |                    |
|------------------------------------------|--------------------|
| 1. Sen. Jackson K. Arap Mandago, EGH, MP | - Chairperson      |
| 2. Sen. Mariam Sheikh Omar, MP           | - Vice-Chairperson |
| 3. Sen. David Wakoli, MP                 | - Member           |
| 4. Sen. Richard Onyonka, MP              | - Member           |
| 5. Sen. Joseph Githuku Kamau, MP         | - Member           |

**ABSENT WITH APOLOGY**

- |                                                |          |
|------------------------------------------------|----------|
| 1. Sen. Justice (Rtd) Stewart Madzayo, EGH, MP | - Member |
| 2. Sen. Ledama Olekina, CBS, MP                | - Member |
| 3. Sen. Tabitha Mutinda, CBS, MP               | - Member |
| 4. Sen. Hamida Kibwana, MP                     | - Member |

**SENATE SECRETARIAT**

- |                          |                           |
|--------------------------|---------------------------|
| 1. Mr. Humphrey Riingera | - Senior Research Officer |
| 2. Mr. David Ngamate     | - Clerk Assistant         |
| 3. Mr. Gilbert Juma      | - Legal Counsel           |
| 4. Mr. Ian Otieno        | - Audio Assistant         |
| 5. Mr. Jack Lemeteki     | - Media Relations Officer |
| 6. Mr. Ibrahim Odindo    | - Serjeant – At- Arms     |

**IN ATTENDANCE**

**KAKAMEGA COUNTY EXECUTIVE**

- |                           |                                                         |
|---------------------------|---------------------------------------------------------|
| 1) Dr. Lawrence Omuhaka   | - County Secretary                                      |
| 2) Mr. Livingstone Imbani | - County Executive Committee Member,<br>Health Services |
| 3) Dr. David Alilah       | - Chief Officer, Medical Services                       |
| 4) Ms. Rose Muhanda       | - Chief Officer, Public Health                          |

MIN/SEN/SCH/334/2025

PRELIMINARIES

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

MIN/SEN/SCH/335/2025

ADOPTION OF THE AGENDA

The agenda of the meeting was adopted with amendments after being proposed by Sen. Joseph Githuku, MP and seconded by Sen. Richard Onyonka, MP, as listed below-

- 1) Preliminaries;
  - i. *Prayer*
  - ii. *Introductions*
- 2) Adoption of the Agenda;
- 3) Courtesy call to the Office of the Governor, Kakamega County Government; and
- 4) Adjournment/Date of the Next Meeting

MIN/SEN/SCH/336/2025

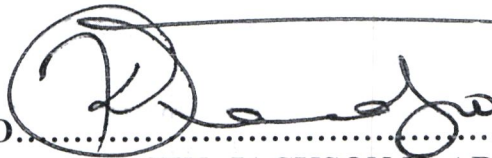
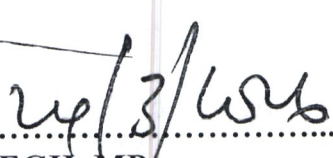
COURTESY CALL TO THE OFFICE OF THE  
GOVERNOR, KAKAMEGA COUNTY  
GOVERNMENT

1. The Committee paid a courtesy call on the Governor, Kakamega County Government on Saturday, 15<sup>th</sup> November, 2025 and was received by the County Secretary, who relayed the apologies from the Governor. The County Secretary was accompanied by Mr. Livingstone Imbavi, the County Executive Committee Member in charge of Health Services and Ms. Rose Muhando, the Chief officer in charge of Public Health.
2. The Committee apprised the County Executive about the objectives of the oversight visit and thereafter the Committee proceeded for the oversight visit to Kakamega County Referral Hospital

MIN/SEN/SCH/337/2025

ADJOURNMENT

There being no other business, the meeting ended at thirty minutes past ten and the Committee proceeded to undertake oversight visits in the healthcare facilities.

SIGNED.......... DATE..........

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





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

**MINUTES OF THE SIXTY-FIFTH (65<sup>TH</sup>) SITTING OF THE STANDING COMMITTEE  
ON HEALTH HELD ON FRIDAY, 14<sup>TH</sup> NOVEMBER, 2025 AT 12.00 NOON IN  
BUNGOMA COUNTY REFERRAL HOSPITAL AND KIMAETI HEALTH CENTER**

**MEMBERS PRESENT**

- |                                          |                    |
|------------------------------------------|--------------------|
| 1. Sen. Jackson K. Arap Mandago, EGH, MP | - Chairperson      |
| 2. Sen. Mariam Sheikh Omar, MP           | - Vice-Chairperson |
| 3. Sen. David Wakoli, MP                 | - Member           |
| 4. Sen. Richard Onyonka, MP              | - Member           |
| 5. Sen. Joseph Githuku Kamau, MP         | - Member           |

**ABSENT WITH APOLOGY**

- |                                                |          |
|------------------------------------------------|----------|
| 1. Sen. Justice (Rtd) Stewart Madzayo, EGH, MP | - Member |
| 2. Sen. Ledama Olekina, CBS, MP                | - Member |
| 3. Sen. Tabitha Mutinda, CBS, MP               | - Member |
| 4. Sen. Hamida Kibwana, MP                     | - Member |

**SENATE SECRETARIAT**

- |                         |                           |
|-------------------------|---------------------------|
| 1. Mr. Humphrey Ringera | - Senior Research Officer |
| 2. Mr. David Ngamate    | - Clerk Assistant         |
| 3. Mr. Gilbert Juma     | - Legal Counsel           |
| 4. Mr. Ian Otieno       | - Audio Assistant         |
| 5. Mr. Jack Lemeteki    | - Media Relations Officer |
| 6. Mr. Ibrahim Odindo   | - Serjeant – At – Arms    |

**IN ATTENDANCE**

- |                          |                                                                         |
|--------------------------|-------------------------------------------------------------------------|
| 1. Mr. Chrispinus Barasa | - County Executive Committee Member<br>Health and Sanitation Department |
| 2. Dr. Magrina Mayama    | - Chief Officer, Health and Sanitation                                  |
| 3. Dr. Caleb Watta       | - County Director, Health and Sanitation                                |
| 4. Dr. Simon Kisaka      | - Medical Superintendent                                                |

5. Dr. Emma Nyaboke
6. Ms. Phoebe Wanjala

- Deputy Director -Health and Sanitation
- Senior Nursing Officer

#### **MIN/SEN/SCH/329/2025**

#### **PRELIMINARIES**

The Committee commenced the tour of the Bungoma County Referral Hospital at five minutes past one o'clock with brief introductions of the Members present, the accompanying members of the County Assembly and the Executive and the host hospital management.

#### **MIN/SEN/SCH/330/2025**

#### **OVERSIGHT VISIT TO BUNGOMA COUNTY REFERRAL HOSPITAL**

1. The Committee conducted an oversight visit to the Bungoma Level 5 Hospital in Bungoma County on Friday 14<sup>th</sup> November, 2025 accompanied Mr. Chrispinus Barasa, the County Executive Committee Member in charge of Health and Sanitation Department, Dr. Magrina Mayama, the County Chief Officer for Health and Sanitation, Dr. Simon Kisaka, the Bungoma County Hospital Superintendent alongside Mr. Humphrey Silungi, the County Director of Public Works;
2. During the oversight visit, the Committee was informed that:
  - a) Bungoma County Referral Hospital has a bed capacity of 311 beds, including 31 maternity beds. Additionally, the Newborn Unit accommodated a total of 31 cots and 10 Kangaroo Mother Care (KMC) beds;
  - b) The facility had employed a total of twenty-two (22) consultants; with Eleven (11) medical officers comprising nine (9) PNP and two (2) Bungoma County contract. In addition, there are thirty-six (36) registered clinical officers, twenty-six (26) on PNP, seven (7) on Bungoma county Government contract and Three (3) on UHC, including twenty 20 general clinical officers and sixteen (16) specialists;
  - c) Nursing staff totaled to one hundred and eighty-one (181), made up of one hundred and thirty-five (135) nurses employed on Permanent basis, thirty-five (35) nurses contracted by the County Public Service Board, nine (9) on UHC staff, one (1) nurse from Dumisha Program and one (1) nurse on MOH COVID 19 Fund contract. Consequently, there are one hundred and forty-three (143) general nurses and thirty-eight (38) specialist nurses;
  - d) The pharmacy department had two (2) pharmacists employed on permanent basis and one (1) contracted by the County Public Service Board. There were seven (7), pharmaceutical technologist on permanent basis, seven on contracts and a further two (2) from the UHC Staff compliment;
  - e) Radiography services were supported by nine (9) radiographers, of whom four (4) were employed on permanent basis, one (1) was contracted by the County Public Service Board and the other four were UHC Staff.



3. During the visit the Committee made the following observations at the Bungoma County Referral Hospital:
- a) The Hospital faced significant challenges stemming from deteriorating infrastructure and overcrowding. The physical environment was in poor condition, with broken furniture in consultation rooms, cracked floors, faded and peeling wall paint, and damaged ceilings. Wards were congested, forcing some in-patients to occupy verandahs improvised as wards furnished with old, rusty beds, unclean linen, and inadequate working surfaces and equipment, conditions that collectively compromised patient comfort and quality of care;
  - b) There were loose electrical sockets and exposed wiring in the laboratory, alongside a shortage of essential reagents, while the hospital kitchen was old, poorly maintained, inadequately equipped and lacked modern equipment and essential tools necessary for efficient operation;
  - c) There was variance in patient data between the admissions office and the wards, particularly between the admission office and the New Mother and Child Wing, where the recorded number of births also differed from the main hospital, raising concerns about data accuracy. The New Mother and Child Facility was well set out and efficiently run; however, it required re-design to facilitate easy access for stretchers and wheelchairs. During the visit to the New Mother and Child Unit, the Committee was also alarmed by the high number of teenage mothers;
  - d) There was only one laundry machine serving the Hospital out of four observed at the laundry unit, with the other machines appearing to have been nonfunctional for an inordinate long period, resulting in a large pile of dirty linen from the medical wards. The Committee observed piles of surgically soiled linen being washed alongside other hospital garments and linen, contrary to the normal practice of separate cleaning and further noted that electronic waste was being dumped in the laundry store. In addition, there were only three laundry staff members who were serving as casual labourers at the unit since 2019;
  - e) The Committee observed that the health management system deployed by *JumboSoft* System was not providing the intended services to the hospital and experienced frequent downtime, despite the substantial investment made in its acquisition;
  - f) Patients informed Members that they were asked to purchase prescribed medicines from outside the hospital, yet the Committee's inspection of the pharmacy confirmed that the same medicines were in stock, and it was further noted that there was no record for controlled opioid (narcotic) analgesic and regulated medicine and drugs such as morphine;
  - g) The Committee observed that the waste disposal point was well maintained, but noted that it was located adjacent to staff quarters and lacked proper segregation, while the mortuary, though well maintained, was overcrowded and did not have adequate arrangements for managing bereaved families collecting bodies;

- h) The Committee noted that a Radiography Complex was under construction but expressed concern over the poor workmanship, and further emphasized the need for a comprehensive hospital master plan to consolidate the facility layout and adequately provide for future expansion;
- i) The Committee observed that the facility had only eight radiographers against an estimated requirement of 16 to 20, resulting in understaffing in the Radiology Department. Moreover, the MES equipment were non-functional, with only one X-ray machine operational, serving approximately 60 patients per day, and there was no functional CT scan available at the facility;
- j) The Committee noted that the Emergency Department, staffed by two medical officers, six clinical officers and twelve nurses, manages a heavy workload from neighbouring counties such as Kakamega and Trans Nzoia, as well as patients from neighbouring Uganda, resulting in significant strain on the already limited resources. It was reported that in some shifts, only one nurse was on duty, further exacerbating the heavy workload and potentially compromising the quality and timeliness of emergency care.

**MIN/SEN/SCH/331/2025**

**OVERSIGHT VISIT TO KIMAETI  
HEALTH CENTER**

1. The Committee was received by Mr. Paul Wamalwa, Clinical Officer in Charge of the Kimaeti Health Centre, a level III health facility. During the oversight visit, the Committee was informed that the Hospital operated on a 24-hour basis, with the Health Records Unit managed by four contracted employees, two engaged directly by the Hospital and two under a partnership arrangement, who were further supported by students on attachment;
2. The Committee was informed that the facility experienced persistent understaffing, which adversely affected service delivery and compromised the quality of care, with a total of twenty-two (22) casual employees on the staff establishment drawing a combined monthly wage bill of Kshs 266,000;
3. The Committee was further informed that the facility experiences challenges arising from delayed Social Health Authority (SHA) reimbursements, which have led to arrears in the payment of wages to casual employees. The Committee was informed that Kimaeti Health Centre increasingly relies on internally generated resources to sustain operations;
4. The Committee was further informed that the facility comprises a laboratory, pharmacy, Maternal and Child Health (MCH) unit, records office, administration block, male and female wards and a maternity ward, and has a bed capacity of thirty-five (35). At the time of the visit, the Committee also observed a long-stalled building project within the facility. The maternity ward had no curtains or mosquito nets, was not clean and appeared unusually deserted, with some rooms being used to store obsolete materials and documents;



5. The Committee observed that the facility had a total of fourteen staff posted by the County Government, comprising clinical officers, a Health Administrative Officer, two laboratory technologists, one nutritionist, one clerical officer and eight nurses. Against the Ministry of Health staffing norms for a Level 3A facility, the number of clinical officers and nurses was below the recommended minimum, limiting the facility's capacity to provide continuous inpatient and maternity services, while laboratory and nutrition services barely met the minimum staffing requirements;
6. The Committee observed that the health centre infrastructure was in a poor state; the kitchen was a semi-permanent, poorly maintained structure that relied on firewood; the facility depended on inadequate manual sterilization of medical kits; the male wards were poorly maintained, with curtains falling; and there was a stalled building that required completion to decongest the already limited facility space.

**MIN/SEN/SCH/332/2025**

**THE EXIT MEETING WITH THE EXECUTIVE**

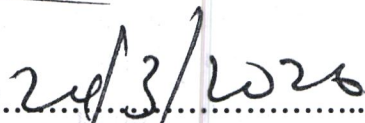
1. The Committee held an exit meeting with the Governor, County Government of Bungoma County to present its preliminary report and informed the Governor that during the oversight visit to the healthcare facilities in the County;
2. The Committee recommended that the County Executive urgently reviews and addresses the challenges associated with the hospital information management system, with a view to ensuring its full functionality, reliability and integration across all service delivery points. In this regard, the Committee advised the Executive to consider benchmarking in other counties to learn best practices in the design, deployment and management of a robust hospital information system, with particular emphasis on strengthening the pharmacy module to enhance medicines management, accountability and service efficiency;
3. The Committee underscored the need to liaise with the National Police Service to establish a police mortuary for the preservation of bodies that are either unidentified or subject to ongoing court disputes;
4. The Committee observed that the visited healthcare facilities were in dire need of general repairs and therefore recommended the establishment of functional maintenance units to undertake day-to-day repair works. The Committee further recommended that the County Government urgently address the status of laundry machines, particularly at Bungoma Level V Hospital, where the existing machines required replacement. Additionally, the Committee underscored the need to install incinerators at sub-county Level 4 hospitals to ensure proper medical waste management;
5. The Committee observed that the healthcare facilities faced significant challenges in record keeping and health information management, with notable discrepancies and inconsistencies identified at the sub-county hospitals, thereby undermining the accuracy and reliability of health data for decision-making and service delivery;

6. The Committee recommended that the County Government give due consideration to long-serving contract staff, particularly those in the laundry and kitchen units, with a view to improving their terms of engagement in order to enhance motivation and retention.
7. The Committee recommended that the County Government liaise with the Kenya Power Company to install a functional transformer to facilitate effective water pumping at Kimaeti Health Centre.
8. The Governor informed the Committee that the County had intended the information management system to integrate all county health facilities to facilitate efficient management reporting. He regretted the system's downtime and assured the Committee that the County Government would address the matter.
9. The Committee was further informed that the County Government accepted the Committee's overall recommendations and committed to initiating reforms on the basis of the exit report, pending the final report to facilitate comprehensive implementation of all the Committee's recommendations.

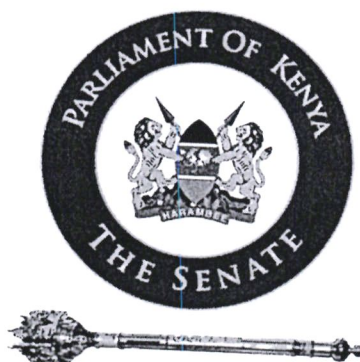
**MIN/SEN/SCH/333/2025**

**ADJOURNMENT**

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

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





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

**MINUTES OF THE SIXTY-FOURTH (64<sup>TH</sup>) SITTING OF THE STANDING COMMITTEE ON HEALTH HELD ON FRIDAY, 14<sup>TH</sup> NOVEMBER, 2025 AT THE OFFICE OF THE GOVERNOR, BUNGOMA COUNTY AND COUNTY ASSEMBLY OF BUNGOMA**

**MEMBERS PRESENT**

- |                                          |                    |
|------------------------------------------|--------------------|
| 1. Sen. Jackson K. Arap Mandago, EGH, MP | - Chairperson      |
| 2. Sen. Mariam Sheikh Omar, MP           | - Vice-Chairperson |
| 3. Sen. David Wakoli, MP                 | - Member           |
| 4. Sen. Richard Onyonka, MP              | - Member           |
| 5. Sen. Joseph Githuku Kamau, MP         | - Member           |

**ABSENT WITH APOLOGY**

- |                                                |          |
|------------------------------------------------|----------|
| 1. Sen. Justice (Rtd) Stewart Madzayo, EGH, MP | - Member |
| 2. Sen. Ledama Olekina, CBS, MP                | - Member |
| 3. Sen. Tabitha Mutinda, CBS, MP               | - Member |
| 4. Sen. Hamida Kibwana, MP                     | - Member |

**SENATE SECRETARIAT**

- |                         |                           |
|-------------------------|---------------------------|
| 1. Mr. Humphrey Ringera | - Senior Research Officer |
| 2. Mr. David Ngamate    | - Clerk Assistant         |
| 3. Mr. Gilbert Juma     | - Legal Counsel           |
| 4. Mr. Ian Otieno       | - Audio Assistant         |
| 5. Mr. Jack Lemeteki    | - Media Relations Officer |
| 6. Mr. Ibrahim Odindo   | - Serjeant – At – Arms    |

**IN ATTENDANCE**

**BUNGOMA COUNTY EXECUTIVE**

- |                          |                                                                          |
|--------------------------|--------------------------------------------------------------------------|
| 1. Mr. Kenneth Lusaka    | - Governor                                                               |
| 2. Mr. Chrispinus Barasa | - County Executive Committee Member,<br>Health and Sanitation Department |
| 3. Dr. Magrina Mayama    | - Chief Officer Health and Sanitation                                    |

4. Dr. Caleb Watta

5. Dr. Simon Kisaka

6. Dr. Emma Nyaboke

7. Mr. Humphrey Silungi

- County Director –

Health and Sanitation

- Medical Superintendent,  
Bungoma Referral Hospital

- Deputy Director -Health

- Director Public Works

### **COUNTY ASSEMBLY OF BUNGOMA**

1. Mr. Emmanuel Situma

2. Mr. George Makari

3. Mr. Tony Barasa

4. Mr. Jacob Psero

5. Ms. Dorcas Nandasaba

6. Mr. Orize Kundu

- Speaker

- Chairperson, Committee on Health Services

- Member, Committee on Health Services

- Member, Committee on Health Services

- Member, Committee on Health Services

- Member Committee Health Services

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

### **PRELIMINARIES**

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

### **MIN/SEN/SCH/325/2025**

### **ADOPTION OF THE AGENDA**

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

1. Preliminaries;

i. Prayer

ii. Introductions

2. Adoption of the Agenda;

3. Courtesy call to the Speaker, Bungoma County Assembly;

4. Courtesy call to the Governor, Bungoma County Government;

5. Any other Business; and

6. Adjournment/Date of the Next Meeting

### **MIN/SEN/SCH/326/2025**

### **COURTESY CALL VISIT TO BUNGOMA COUNTY ASSEMBLY**

1. The Committee paid a courtesy call on the Speaker and briefed him about the objective of the oversight visit.

2. The Committee outlined the specific objective of this engagement was to visit select Healthcare facilities in the County in order to-

a) assess the state and quality of the infrastructure, facilities, hospital equipment and provision of emergency services;



- b) assess the automation of healthcare provision systems for patient, drugs and commodity management;
- c) assess the availability of requisite healthcare personnel, the gaps and challenges, if any, Healthcare workers face in the county;
- d) assess the availability of training and capacity building programs and avenues for healthcare workers in emergency Healthcare and specialized services;
- e) assess the availability of drug and medical supplies in Health-care facilities in the Counties and pending bills with the Kenya Medical Supplies Agency; and
- f) seek information on the Social Health Authority (SHA) reimbursements claimed and accreditation for County Health facilities with SHA.

3. On his part the Speaker thanked the Committee in its role in mentoring the County Assembly and Committee Members with an aim to improve on oversight. The Speaker assured the Committee that the Members of the County Assembly will work closely with the Senate during and after the oversight visit and follow-up on the implementation status of the Senate resolutions.

**MIN/SEN/SCH/327/2025**

### **COURTESY CALL VISIT TO THE GOVERNOR**

4. The Committee paid a courtesy call on the Governor, Bungoma County Government on Friday, 14<sup>th</sup> November, 2025 and briefed him about the objective of the oversight visit.

5. The Governor informed the Committee that-

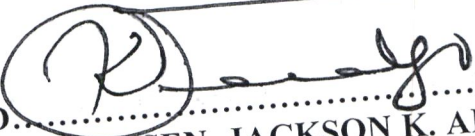
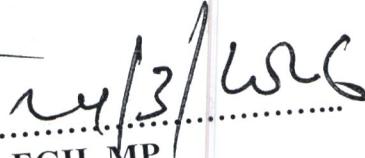
- a) Bungoma County has a total of approximately 275 Health facilities distributed across its nine sub-counties. Of these, including 154 government-operated Health Centers, making up the majority of public healthcare provision in the County, the remainder includes faith-based facilities (around 22), private facilities (approximately 95), and a small number under NGOs (about 4);
- b) the County Gross Approved FY 2024/25 Budget was Kshs.15.59 billion. It comprised Kshs.4.97 billion (32 percent) and Kshs.10.62 billion (68 per cent) allocation for development and recurrent programmes, respectively. The budget estimates represented an increase of Kshs.1.56 billion (11 per cent) from the FY 2023/24. The increase was attributed to a rise in its own-source revenue projection and equitable share of revenue raised Nationally;
- c) the County reported a collection of Kshs.441.40 million as FIF, which was 42 percent of the annual target of Kshs.1.06 billion. The collected amount was retained and utilized at source in line with the Facility Improvement Financing Act, 2023.

6. The Committee was further informed that conversion and confirmation of the Universal Health Coverage (UHC) staff, totaling up to 245 across all cadres, was still pending due to financial constraints. Further the list of the affected members of staff was being validated.

MIN/SEN/SCH/328/2025

ADJOURNMENT

There being no other business, the meeting ended at forty minutes past eleven o'clock and the Committee proceeded to undertake oversight visits in the healthcare facilities.

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



6. During the visit the Committee made the following observations at the Kakamega County Referral Hospital-

- a) The Emergency Unit lacked essential protective equipment, including hand gloves, which health personnel reported that there were instances where patients were required to purchase medical supplies such as gloves and syringes prior to receiving medical attention. It was further noted that the hospital did not have a functional ambulance, despite substantial budgetary provisions by the County Assembly for the same. Additionally, the designated ambulance driver had not undergone the requisite training. The Committee also noted with concern the dilapidated condition of seats and the deteriorating ceiling within the Accident and Emergency Department;
- b) The National Health Information Management System (NHIMS) had not been deployed at the Hospital. The existing reporting system was observed to be user-unfriendly, with patient information not easily retrievable. Furthermore, the facility had an inadequate number of Social Health Authority (SHA) verification machines, compelling patients to be transferred from hospital wards to the admissions area to access SHA services;
- c) The Hospital infrastructure was in a dilapidated state. Several window panes were broken and temporarily blocked with cartons. Electrical cables were exposed, posing safety risks, while seats and stretchers were extensively worn out, reflecting poor maintenance of the facility;
- d) The Outpatient Department (OPD) operated only during daytime hours, attending to approximately 120 patients per day and about 45 patients over the weekend. It was further observed that there was no duty rota in place, resulting in delays in service delivery. Additionally, staff members did not wear name tags or uniforms bearing their names, hindering ease of identification and accountability;
- e) The hospital received medical supplies from KEMSA and MEDS; however, a significant portion of the stock had short expiry periods, raising concerns about inventory control and wastage. Further, The Committee observed inconsistencies in the pharmaceutical records, with expired drugs found stocked on the shelves. Patients were further required to obtain prescribed medicines directly from the central drug store due to stock management challenges;
- f) The hospital waste was being poorly managed, with waste from the dumpsite burnt in an open field. Staff assigned to handle and burn the waste were not provided with appropriate protective clothing, thereby exposing them to health and safety risks;

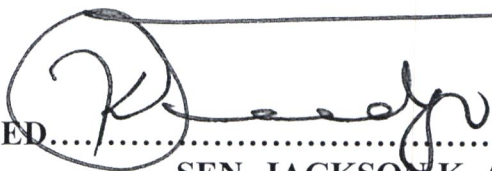
- g) The facility's roofing structure was made of asbestos, in contravention of the Environmental Management and Coordination (Waste Management) Regulations, 2006. Although the Hospital had a secured plot designated for the disposal of replaced asbestos roofing, pieces of asbestos were still visible on the grounds, and some asbestos materials had been buried in an open area used as an incinerator, posing serious environmental and occupational health hazards;
- h) The Radiology Unit lacked essential consumables required for its efficient operation. The mammogram and MRI machines had been non-functional for the past five months, while the ultrasound equipment was not operating optimally. Additionally, the laboratory was found to be equipped with obsolete and aging machines, which adversely affected the quality and timeliness of diagnostic services;
- i) The Committee observed that some patients were being detained at the facility due to unsettled hospital bills. The Labour Ward was found to be congested, with 65 mothers occupying only 45 available beds, thereby compromising patient privacy. Similarly, eight incubators were being used to accommodate 15 infants, raising concerns about neonatal safety and the quality of care provided;
- j) The Committee further noted the lack of waiting bays or benches for patients' visitors and the absence of curtains or blinders in some wards, particularly within the maternity section, which affected patient privacy and comfort. Additionally, only two toilets were available for use by over 20 patients and caregivers, highlighting inadequate sanitation facilities in the wards;
- k) The mortuary was well maintained and efficiently managed. It had a private wing that generated own-source revenue for the hospital. The unit had nine morticians—three permanent and six on contract—one of whom had served for nine years without confirmation. The Committee further noted concerns regarding staff who had served for extended periods without being confirmed as permanent and pensionable employees.

MIN/SEN/SCH/340/2025

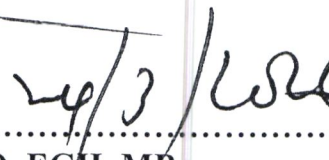
### ADJOURNMENT

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

SIGNED.....



DATE.....



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

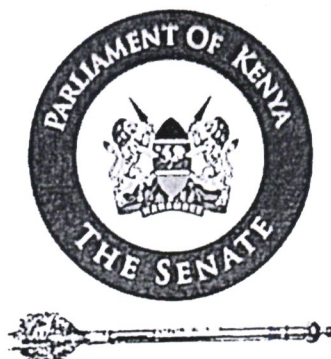


**Annex 1:**

**Minutes of the Committee Sittings**







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

**MINUTES OF THE FIRST (1<sup>ST</sup>) SITTING OF THE STANDING COMMITTEE ON  
HEALTH HELD ON TUESDAY, 17<sup>TH</sup> FEBRUARY, 2026 AT 11.00 AM AT  
COMMITTEE ROOM 6, BUNGE TOWER, NAIROBI**

**MEMBERS PRESENT**

- |                                          |                    |
|------------------------------------------|--------------------|
| 1. Sen. Jackson K. Arap Mandago, EGH, MP | - Chairperson      |
| 2. Sen. Mariam Sheikh Omar, MP           | - Vice-Chairperson |
| 3. Sen. David Wakoli, CBS, MP            | - Member           |
| 4. Sen. Richard Onyonka, MP              | - Member           |
| 5. Sen. Tabitha Mutinda, CBS, MP         | - Member           |
| 6. Sen. Hamida Kibwana, MP               | - Member           |

**ABSENT WITH APOLOGY**

- |                                                |          |
|------------------------------------------------|----------|
| 1. Sen. Justice (Rtd) Stewart Madzayo, EGH, MP | - Member |
| 2. Sen. Ledama Olekina, CBS, MP                | - Member |
| 3. Sen. Joseph Githuku Kamau, MP               | - Member |

**SENATE SECRETARIAT**

- |                          |                           |
|--------------------------|---------------------------|
| 1. Mr. Humphrey Riingera | - Senior Research Officer |
| 2. Mr. David Ngamate     | - Clerk Assistant         |
| 3. Mr. Gilbert Juma      | - Legal Counsel           |
| 4. Ms. Lilian Onyari     | - Fiscal Analyst          |
| 5. Mr. David Munene      | - Research Officer        |
| 6. Mr. Ian Otieno        | - Audio Recording Off     |
| 7. Mr. Jack Lemeteki     | - Media Relations Off     |

**MIN/SEN/SCH/001/2026**

**PRELIMINARIES**

The Chairperson called the meeting to order at twenty-five minutes past eleven. The proceedings commenced with a word of prayer and brief introduction. Thereafter, the Chairperson made some short welcome remarks to the Committee and the Secretariat.

MIN/SEN/SCH/002/2026

ADOPTION OF THE AGENDA

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

1. Preliminaries;
  - a. Prayer
  - b. Introductions
2. Adoption of the Agenda;
3. Consideration of pending legislative business before the Committee and the Committee Workplan for the Third Quarter of Financial Year 2025/2026 (*Committee Paper No. 158*);
4. Consideration and Adoption of the Committee report on the County Oversight and Networking Engagements in Kitui, Makueni and Machakos Counties (*Committee Paper No. 159*);
5. Any other Business; and
6. Adjournment/Date of the Next Meeting

MIN/SEN/SCH/003/2026

CONSIDERATION OF PENDING LEGISLATIVE  
BUSINESS BEFORE THE COMMITTEE AND  
THE COMMITTEE (COMMITTEE PAPER NO.  
158)

Committee Secretariat presented the schedule of the pending legislative business before the Committee as contained in *Committee Paper No. 158* for consideration.

Thereafter, Members observed that-

Two Bills pending before the Committee namely—

Autism Management Bill, 2025 (Senate Bills No. 19 of 2025) which provide for an integrated and coordinated approach to the management of autism in Kenya; and

Reproductive Technology Bill, 2022 (National Assembly Bills No. 122 of 2022) which seeks to provide a legal framework for the regulation of assisted reproductive technology services, prohibit certain practices with assisted reproductive technology and regulate the practice of surrogacy.

Thereafter, Members observed that-

Two Bills pending before the Committee namely—

Regulation of Commercialization of the New Generation of Clinical Officers (KUCO) on discrimination of clinical officers' practice rights by the Ministry of Health and the Social Health Authority



3) Pursuant to the provisions of standing order 228 (4) of the Senate Standing Orders, the Committee is mandated to follow up and report on the status of implementation of resolutions within its mandate. With the foregoing, during the fourth session, the Committee sought reports from different stakeholders on the implementation status of the report on the Petition on the Management and use of Kenyatta University Teaching, Research and Referral Hospital by Medical Students of Kenyatta University;

4) During the First and Second Quarters for FY2025/2026, the Committee undertook five County Visits to Kitui, Makueni, Machakos, Kambu, Bungoma and Kakamega counties.

### Committee Resolutions

3. The Committee resolved as follows—

- 1) to fast-track consideration of the pending legislative bills, especially that which is subject to timelines provided under the Standing Orders to be holding all meetings in Hybrid Format;
- 2) to seek response from the Kenya Union of Clinical Officers (KUCCO) on the status of the issues raised in their petition on discrimination and violation of clinical officers' practice rights;
- 3) to undertake County Oversight and Networking Engagement from 5<sup>th</sup> to 8<sup>th</sup> March, 2026 in Lamu County to acquaint the Committee with the provision of healthcare services in the County as part of its oversight function;
- 4) to consider the reports received from the stakeholders to propagate commercialization of the new generation Mutheka vaccine on the way forward;
- 5) to write to the Cabinet Secretary, Ministry of Health to submit the operational report for the Social Health Authority.

MIN/SEN/SCH/004/2026

CONSIDERATION OF THE  
COMMITTEE REPORT ON COUNTY  
OVERSIGHT VISIT TO MAKUENI AND  
MACHAKOS COUNTIES  
PAPER NO. 159)

1. The Committee Secretariat presented the Committee Oversight and networking engagement held in Kitui, Makueni and Machakos counties contained in Committee Paper No. 159 for consideration and adoption.

The Committee served that the Council of Governors should be compelled to ensure county governments provide time-bound resolution and signs individual debt settlement agreements with KEMSA to clear all verified arrears prioritizing debts older than 90 days

3. Following consation, the Committee report was adopted with amendments after being proposed by Sen. Hamda Kibwana, MP and seconded by Sen. Mariam Sheikh Omar, MP.

MIN/SEN/SCH/0056

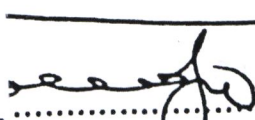
ANY OTHER BUSINESS

- 1) The Committee requested to request the schedule of request and attendant payments made by the pharmaceutical and non-pharmaceutical supplies from the Controller General for FY 2023/24, 2024/25 and 2025/26; and
- 2) The Committee write a letter to the Cabinet Secretary, Ministry of Health seeking compliance with the statutory requirement to submit an operational report on Social Health (SHA) to Parliament

MIN/SEN/26

ADJOURNMENT

There being no business, the meeting ended at thirty minutes past twelve o'clock.  
The next meeting to be held on notice.

\_\_\_\_\_  
SIGN  DATE 24/2/2026  
JACKSON K. ARAP MANDAGO, EGH, MP  
(CHAIRPERSON, COMMITTEE ON HEALTH)





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

**MINUTES OF THE FIFTY FIFTH (55<sup>TH</sup>) SITTING OF THE STANDING COMMITTEE ON HEALTH HELD ON FRIDAY, 24<sup>TH</sup> OCTOBER, 2025 AT HEALTHCARE FACILITIES IN MACHAKOS COUNTY**

**MEMBERS PRESENT**

1. Sen. Mariam Sheikh Omar, MP
2. Sen. Richard Onyonka
3. Sen. David Wakoli, MP
4. Sen. Tabitha Mutinda, MP
5. Sen. Hamida Kibwana
6. Sen. Joseph Githuku Kamau, MP

- Vice-Chairperson
- Member
- Member
- Member
- Member
- Member

**ABSENT WITH APOLOGY**

1. Sen. Jackson K. Arap Mandago, EGH, MP
2. Sen. Justice (Rtd) Stewart Madzayo, EGH, MP
3. Sen. Ledama Olekina, MP

- Chairperson
- Member
- Member

**IN ATTENDANCE**

1. Sen. Agnes Kavindu Muthama, MP

- Senator, Machakos

**SENATE SECRETARIAT**

1. Mr. Humphrey Ringera
2. Mr. David Ngamate
3. Mr. Gilbert Juma
4. Mr. David Munene
5. Mr. Ian Otieno
6. Mr. Ibrahim Odindo

**IN ATTENDANCE**

1. Mr. Justus Kasivu
2. Mr. Rashid Kala

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- ard Yutta
- Chief Officer, Public Health
- Mavoko Sub- County Medical Officer of Health
- Medical Superintendent- Machakos County Teaching and Referral Hospital
- Medical Superintendent Athi-River Sub-County Hospital
- Chief Executive Officer- Machakos County Referral Hospital
- Hospital Administrative Officer, Machakos County Referral Hospital

### **MACHAKOS COUNTY ASSEMBLY MEMBERS**

- cent Mutie Nzioka
- ilip Ndolo
- stus Kasanga
- aroline Mutuku
- Chairperson, Health & Emergency Services Committee
- Member, Health & Emergency Services Committee
- Member, Health & Emergency Services Committee
- Member, Health & Emergency Services Committee

### **PRELIMINARIES**

**[SCH/281/2025]**  
 mtee delegation commenced the tour of the Machakos County Health facilities m. by visiting the Athi-River Level 4 Hospital, and thereafter proceeded to the o-County Hospital and later to Machakos County Referral Hospital.

### **OVERSIGHT VISIT TO ATHI-RIVER LEVEL 4 HOSPITAL**

**[SCH/282/2025]**

mmittee conducted an oversight visit to the Athi-River Level 4 Hospital in Sub-County on Friday 24<sup>th</sup> October, 2025. The Committee was received Mr. Mwongela, the Mavoko Sub-County Public Health Officer, Dr. Catherine e Mavoko Sub-County Medical Officer of Health, Dr. Jemimah Ndila, the nistrator alongside Ms. Mary Mutua, the Outpatient Department Head in ical officers and Mr. Mark Ndambuki, the Sub-County Nutritionist.

the Committee was informed that Athi River Level 4 Hospital is a public hospital serving Athi River, Mavoko and surrounding areas. The facility e range of inpatient and outpatient services, including general gnostic services, maternity care and pediatrics. However, the facility all inpatient bed capacity of twenty (20) beds.



- as informed that there are plans to expand the facility through improvements at the hospital construction of a new Mother and Child Unit, X-ray and surgical capacity. Further, the management had conducted staff diagnosis in the May, 2025 and organized training sessions to enhance workforce proficiency and skills.
3. The Committee

During the tour of the facility, the Committee observed that-

- a) The online health management system, *AFYA 1*, was not functional and had reportedly collapsed or been disconnected for over two weeks forcing operations to revert to slow and inefficient manual, paper-based records. The Committee observed that this had severely impacted patient registration, pharmacy inventory, laboratory results and general data retrieval contributing to delays and long queues;
- b) The facility faced significant sanitation and cleanliness challenges. The hospital lacked reliable water supply and poor maintenance of hygiene standards. It was reported that for the past six (6) months, there has been no running water in the maternity wards and patients had to rely on buckets and basins for their basic cleaning needs;
- c) The laboratory at the facility is currently understaffed and has been facing persistent shortage of essential reagents. During the visit it was reported that the laboratory had six (6) staff members against an establishment of eleven (11) staff members which was associated with overwhelming workloads and disruption of diagnostic services;
- d) The facility faced challenges related to poor physical infrastructure including cracked floors, faded and peeling wall paints, loose electrical wires, exposed electric cables and damaged ceilings that expose patients to uncomfortable and potentially unsafe conditions;
- e) The Hospital faced significant challenges including insufficient old rusty beds, unclean linen and lack of working surfaces. The beds used at the maternity wards appeared old and were rusty. Mattresses and linen. Additionally, the beds lacked mosquito nets posing risks for patient safety and increasing vulnerability to malaria;
- f) There was no functional laundry unit to ensure patient hygiene. Linen at the facility risking infections, general hygiene and patient comfort and dignity;
- g) The hospital kitchen was extremely small and old. Plastic bottles were used to fetch water were found in the kitchen. The kitchen was inadequately equipped and lacked necessary tools necessary for efficient operation;

- h) There was poor waste disposal at the facility due to lack of a functional incinerator, which posed significant health risks to both the hospital environment and surrounding community.

IN/SEN/SCH/283/2025

**OVERSIGHT VISIT TO MWALA LEVEL 4 HOSPITAL**

1. The Committee conducted an oversight visit to Mwala Level 4 hospital on Friday, 24<sup>th</sup> October, 2025 and was received by Dr. Emmanuel Wambua the Hospital's Medical Superintendent, Ms. Eunice Manuna, the Nursing Service Manager, Mr. Brian Mulwa, Member of the County Assembly Mwala Makutano Ward and Justus Kasanga, Member of the County Assembly Wamunyu /Yathui Ward.
2. The Committee was informed that Mwala Level 4 Hospital offers a variety of services, including maternity, emergency, specialized treatments, and laboratory diagnostics. Its modern infrastructure includes a 16-bed maternity wing, 10-bed general ward, pediatric ward, and a fully equipped laboratory and surgical theater.
3. The Committee was further informed that the Health Records Unit was operated by four (4) contracted employees two of whom were contracted by the facility while the other two were contracted under partnership with the service provider. The four were supported by students on attachment and industrial attachment at the facility. Nonetheless, the facility experienced challenges related to understaffing, which adversely affected service delivery and compromised the quality of care;

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

During the tour of the facility the Committee made the following observations-

Mwala Level 4 Hospital currently lacks a functional incinerator, resulting in significant challenges for proper biomedical waste management. As a result, medical wastes including sharps, syringes and other possible infectious materials are being temporarily stored in old, rusty containers on-site, awaiting collection and disposal by the County Government;

The Health Record Management System was experiencing a failure over two weeks before the visit, forcing staff to revert to manual, paper-based recording of patient data and administrative tasks. This system downtime had resulted in delays, increased risk of record errors and omissions and greater administrative burdens for healthcare personnel;



- c) The laboratory equipment, including the Full hemogram Machine, Centrifuge, Lived Machine, and Tuberculosis (TB) machine, were observed to be in good working condition. The Committee observed that this allows the hospital to maintain essential diagnostic services for a broad range of conditions supporting effective patient management;

At the pharmacy, expired drugs and certain hazardous medicines were found on the shelves, with some medicines not securely stored in the refrigerators as required by their respective manufacturers. Additionally, there was a faulty refrigerator;

- e) The kitchen was found to be small, poorly unequipped and inadequately ventilated, lacking critical fixtures such as smoke extractors and essential cooking equipment. It was observed that charcoal was used for food preparation presenting a significant health risks from smoke and carbon monoxide exposure, fire hazards, and poor air quality, which could negatively impact patients and staff; and
- f) The facility was generally well maintained, with the majority of service units fully operational. Notably, the maternity unit was observed to be in good condition, possessing adequate ventilation, a sufficient number of beds, clean washrooms, and provision of mosquito nets, thereby promoting patient comfort and ensuring safety in line with established healthcare standards.

MIN/SEN/SCH/284/2025

OVERSIGHT VISIT TO MACHAKOS  
REFERRAL HOSPITAL

1. The Committee conducted an oversight visit to Machakos County Referral Hospital on Friday 24<sup>th</sup> October, 2025 and was received by Mr. Ndambuki, the County Secretary Machakos County, Mr. Justus Kasiga, Executive Committee Member (CECM), Ms. Winfred Nzuki, the Executive Officer and Dr. Daniel Katua, the Medical Superintendent and other officers from the Health Department in the County.
2. The Committee was also accompanied by Mr. Vincent Mutie, County Assembly- Upper Kaewa/Iveti Ward and Chairperson and Mr. Philip Ndolo Member of the County Assembly and a member of Committee of Health.
3. The Committee was informed that Machakos County is a government health facility and main referral hospital for the county. The primary center for advanced care in the county. The hospital provides curative, palliative and preventive services including surgery, maternity and outpatient services.

During the visit, the Committee was informed that the hospital provides comprehensive services and that the control centre for visitors by details activities;

The Committee was informed that the Hospital had a bed capacity of including 123 maternity beds. Additionally, the Newborn Unit accommodated of 75 cots and 10 Kangaroo Mother Care (KMC) beds. Further, the Hospital employed a total of forty-nine (49) consultants, with forty-seven (47) on Permanent and Pensionable (PNP) terms and two (2) locums, alongside seventy-four (24) medical officers comprising eighteen (18) PNP and six (6) locums.

The Committee was further informed that there were seventy-nine (79) registered clinical officers, including 21 general and forty (40) specialist officers on PNP terms, two (2) under Universal Health Coverage (UHC), fifteen (15) general officers under the Center for International Health, Education and Biosecurity Kenya (CIHEB), and one (1) locum. Nursing staff totaled three hundred and fifty-five (355), made up of three hundred and thirty-three (333) general and specialist nurses on PNP terms, fourteen (14) under UHC, two (2) general nurses under CIHEB, and six (6) locums.

Further, the pharmacy department had 14 pharmacists, all employed on PNP terms. Radiography services were supported by 14 radiographers, of whom 8 were on PNP terms, three (3) under UHC, and three (3) locums. Nutrition services included 7 nutritionists all on PNP terms and 1 locum psychologist. The hospital also employed 10 anesthetists (clinical officers) on PNP terms, 15 physiotherapy staff with thirteen (13) on PNP terms and two (2) locums, and 8 occupational therapists, including 7 on PNP terms and 1 under UHC.

The Committee was informed that the hospital was equipped with nine dialysis machines, and its mortuary had a capacity to hold twenty-four (24) bodies. However, during the visit, the Committee was informed that 45 bodies were preserved at the mortuary, exceeding its storage capacity.

The facility had specialized equipment, including one (1) MRI machine (defective), two (2) X-ray machines (one fixed and one portable), one (1) OPG machine (dental X-ray), one (1) CT scan machine, four (4) Ultrasound machines, and one (1) C-Arm in the theatre (all machines functional except the MRI).

The Committee was informed that the hospital faced challenges related to delayed SHA payments amounting to 250 million, which had adversely affected the delivery of services. Further, in the FY 2023/2024, the facility collected 141 million Improvement Fund (FIF) revenues.

During the visit of the facility the Committee made the following observations-

The facility was equipped with a high-resolution CCTV camera system that continuously monitors all departments within the facility. The Committee was informed that the installation includes wireless surveillance cameras and a modern control room which has significantly enhanced security for patients, staff, and in preventing and detecting incidents such as theft and other unauthorized



- b) The Hospital has an ICT laboratory dedicated to staff training, where healthcare workers and administrative personnel acquire essential skills for operating the integrated digital systems. The Committee was informed that the facility supports ongoing professional development, boosting staff capacity to manage electronic health records, digital financial operations, and other automated services to improve overall hospital efficiency and service delivery;

During the visit, the AFYA 1 Health Management System utilized in the County was reported as not working, hindering its intended support for service delivery and operational efficiency. This outage contributed to challenges in patient processing, record management, and general hospital administration and resulted in delays and need for manual interventions;

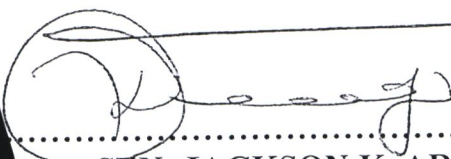
- d) The Hospital has two well-established mental health wards that separately accommodate male and female patients, supporting both inpatient psychiatric care and specialized mental health interventions. This arrangement enables the hospital to provide gender-sensitive treatment and a safer environment for individuals with acute psychiatric conditions, ensuring proper supervision and tailored psychosocial support for each group;
- e) However, it was observed that the wards were equipped with old, rusty hospital beds and worn-out linen, which reflected a lack of proper maintenance and timely replacement of these essential items. These conditions also pointed to persistent infrastructural and supply challenges within the unit, affecting both patient care and the overall quality of care;
- f) The Hospital is equipped with a modern incinerator designed for the efficient disposal of biomedical and clinical waste. The Committee was informed that the incinerator is part of the hospital's advanced medical facilities for handling toxic and infectious materials. However, it was noted that the incinerator requires repairs, specifically its entrance door to ensure continued optimal security;
- g) The Hospital laundry unit was equipped with only one functional machine, significantly limiting its capacity to process the substantial number of medical garments generated daily. The Committee noted that this inefficient laundry operation contributed to delays in processing and the inpatient wards;
- h) At the medical wards, some patients informed the Committee that they were compelled to buy drugs out of pocket from private pharmacies. The Committee observed that some of the said drugs or their generic equivalents were available at the hospital pharmacy indicating gaps in drug availability and access. This also suggested systemic inefficiencies in the distribution of medicines, leading to unnecessary expenses for patients;

- l) There was a locked container filled with expired drugs was observed, not yet been collected for safe destruction. This situation indicates la, pharmaceutical waste management and poses a risk to safety and regular compliance, underscoring the need for timely removal and proper disposal o. expired medications to avoid potential misuse or environmental hazards;
- l) The Hospital faces significant infrastructural challenges in its wards, where only two toilets were functional for large numbers of patients in one of the female wards. Additionally, the medical wards lack mosquito nets, exposing patients to increased risks of mosquito-borne diseases and reducing overall comfort and safety. These gaps highlighted the urgent needs for sanitation and infection prevention improvements within the facility;
- l) Contracted staff members informed the Committee that they had experienced payment delays of up to three months, resulting in considerable hardship as they struggle to meet their daily subsistence needs. The Committee was informed that these delays had negatively impacted staff morale. Some casuals narrated to the Committee how they had been compelled to eat leftover food due to delayed payments and financial hardship;
- l) The Committee was informed that payment for casual workers at the Hospital was processed through the Health Superintendent's vote, with wages disbursed directly into individual staff accounts.

EN/SCH/285/2025

ADJOURNMENT /ANY OTHER BUSINESS

ing no other business, the tour of the healthcare facilities was concluded at thirty  
ast five o'clock in the evening.

..... DATE 29/11/2025  
SEN. JACKSON K. ARAP MANDAGO, EGH, MP  
(CHAIRPERSON, COMMITTEE ON HEALTH)





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

**MINUTES OF THE FIFTY FOURTH (54<sup>TH</sup>) SITTING OF THE STANDING COMMITTEE ON HEALTH HELD ON THURSDAY, 23<sup>RD</sup> OCTOBER, 2025 AT 5.00 PM AT GOVERNORS OFFICE, MAKUENI COUNTY**

**MEMBERS PRESENT**

- |                                  |                    |
|----------------------------------|--------------------|
| 1. Sen. Mariam Sheikh Omar, MP   | - Vice-Chairperson |
| 2. Sen. Richard Onyonka          | - Member           |
| 3. Sen. David Wakoli, MP         | - Member           |
| 4. Sen. Tabitha Mutinda, MP      | - Member           |
| 5. Sen. Hamida Kibwana           | - Member           |
| 6. Sen. Joseph Githuku Kamau, MP | - Member           |

**ABSENT WITH APOLOGY**

- |                                                |               |
|------------------------------------------------|---------------|
| 1. Sen. Jackson K. Arap Mandago, EGH, MP       | - Chairperson |
| 2. Sen. Justice (Rtd) Stewart Madzayo, EGH, MP | - Member      |
| 3. Sen. Ledama Olekina, MP                     | - Member      |

**IN ATTENDANCE**

- |                        |                           |
|------------------------|---------------------------|
| 1. Sen. Dan Maanzo, MP | - Senator, Makueni County |
|------------------------|---------------------------|

**SENATE SECRETARIAT**

- |                         |            |
|-------------------------|------------|
| 1. Mr. Humphrey Ringera | - Senior F |
| 2. Mr. David Ngamate    | - Clerk    |
| 3. Mr. Gilbert Juma     | - Leg      |
| 4. Mr. David Munene     | - R        |
| 5. Mr. Ian Otieno       | -          |
| 6. Mr. Ibrahim Odindo   | -          |

**IN ATTENDANCE**

**MA**

- |                             |             |
|-----------------------------|-------------|
| 1. Hon. Mutula Kilonzo, CBS | - Governor, |
| 2. Ms. Joyce Mutua          | - County F  |
|                             | Der         |

|                      |                                                                           |
|----------------------|---------------------------------------------------------------------------|
| Ms. Damaris Kavoi    | - County Executive Committee Member<br>Finance Planning, Budget & Revenue |
| Dr. Harvey Mulei     | - Chief Officer, Health Human Resource and<br>Administration              |
| Dr. Geoffrey Muthoka | - Ag. Chief Officer, Health Services                                      |
| Ms. Martha Munyao    | - Chief Executive Officer,<br>Makueni County Referral Hospital            |
| Dr. Daniel Gichogo   | - Director, Clinical Services<br>Makueni County Referral Hospital         |
| Dr. Solomon Mutiso   | - Medical Superintendent<br>Mukuyuni Sub- County Hospital                 |
| Mr. Joseph Musango   | - Nursing Officer In- Charge<br>Mukuyuni Sub County Hospital              |

### **MEMBERS OF THE COUNTY ASSEMBLY**

|                       |                                             |
|-----------------------|---------------------------------------------|
| Mr. Jackson Mbalu     | - Chairperson, Committee of Health Services |
| Mr. Kyalo Mumo        | - Member, Committee of Health Services      |
| Ms. Elizabeth Mutinda | - Member, Committee of Health Services      |

**SEN/SCH/278/2025**

### **PRELIMINARIES**

The meeting was called to order at ten minutes past five o'clock and the proceedings commenced with a word of prayer followed by introductions of those present.

**SEN/SCH/279/2025**

### **MEETING WITH THE GOVERNOR, MAKUENI COUNTY GOVERNMENT**

The Committee held a de-briefing meeting with the Governor, Makueni County to discuss its preliminary report and informed the Governor that during the oversight visit to healthcare facilities in the County, the following observations had been made-

There were expired drugs and reliance of manual and paper-based record keeping systems in the hospital pharmacy which slowed down pharmacy workflows and increased the risks;

Employees exhibited high level of positive attitude and motivation towards work. However, there were some extreme cases where the personnel exhibited some lethargy and lackluster attitude such as the radiology unit. There were complaints that some healthcare personnel had not been working inordinate long periods. It was observed also that some time some personnel were being remunerated below the recommended minimum wage bill;



Hospital Mammogram machine to support early breast cancer  
c) The Makueni Hospital Mammogram machine to support early breast cancer  
detecting including limited community awareness. The Committee observed that  
there were also dedicated desks for gender-based violence and mental health  
which is a significant step in strengthening care for survivors of violence and  
individuals with psychiatric needs;

d) There was presence of old, stalled and non-operational ambulances at the  
Makueni Referral Hospital while there was no functional ambulance in the  
facilities visited representing a critical gap in emergency medical response  
capacity and directly threatening patient safety and ability to deliver urgent  
medical care. Further, the mortuary refrigerators purchased for Mukuyuni Sub-  
County Hospital in 2013 required installation to ensure the effective functioning  
of the cooling system

e) The hospitals visited experienced general low drug stock levels, which compelled  
patients to procure medications out of pocket. However, the hospital wards were  
generally clean, uncongested and had clean beds;

f) The Makueni County Referral Hospital lacked a functional incinerator and  
hazardous medical wastes including sharps, contaminated materials and  
pharmaceuticals were found disposed improperly exposing patients, staff and  
neighbouring community to infectious agents and toxic substances;

g) Patients had informed the Committee that they faced challenges of long  
CT scan imaging reports due to shortage of Radiologists forcing patients  
for their reports to be sent to Kenyatta National Hospital (KNH).  
Further, the Committee had observed general shortage of nurses in  
departments and units in the facilities visited.

2. The Governor informed the Committee that-

a) All healthcare workers hired by the Makueni County Government  
hold positions on Permanent and Pensionable terms and have  
access to retirement benefits as mandated by the Public Service  
employment regulations;

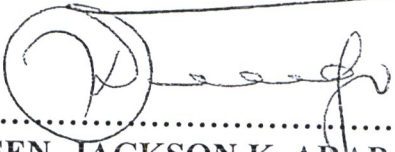
b) The County Government will address concerns of workers by  
receiving a minimum wage bill and ensuring that healthcare facilities  
comply with Kenyan labor laws and regulations.

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

/SCH/280/2025

ADJOURNMENT /ANY OTHER BUSINESS

no other business, the meeting ended at thirty minutes past six o'clock in the


 DATE 20/11/2025  
 SEN. JACKSON K. ARAP MANDAGO, EGH, MP  
 (CHAIRPERSON, COMMITTEE ON HEALTH)



- c) The facility was inadequately staffed with critical areas such as the laboratory facing the greatest challenges. Further, some staff members such as the mortuary attendant informed the Committee that they had served for at least twelve (12) years without a promotion or career advancement;
- d) There was poor record keeping of drugs notably characterized by the lack of clear and updated transfer records of drugs from the main pharmacy to the dispensing pharmacies which undermined effective drug inventory management and accountability, potentially leading to stock discrepancies;
- e) The facility lacked an operational incinerator and was instead utilizing a deteriorated old combustion chamber with broken doors to dispose medical waste during the Committee visit. The Committee observed biomedical waste was brown around the surrounding areas, posing likely health risks to both staff and the community;
- f) The maternity unit had six functional beds, however, they had what appeared like aged linen and old mosquito nets. Further, the Continuous Positive Airway Pressure (CPAP) medical device for newborns was dysfunctional, potentially resulting in inadequate respiratory support for the neonates and possibly compromising the quality of care;
- g) Community Health Promoters (CHPs) informed the Committee that they had not signed any formal agreement with the County Government and had not received their wages for the preceding seven months. Additionally, they lacked proper working gears/kits like gumboots and umbrellas to protect while working in rough terrains or adverse weather.

**MIN/SEN/SCH/276/2025**

**OVERSIGHT VISIT TO MAKUENI  
TEACHING AND REFERRAL HOSPITAL,  
MAKUENI COUNTY**

1. The Committee conducted an oversight visit to Makueni County Referral Hospital on Thursday 23<sup>th</sup> October, 2025 accompanied by Dr. Justine Kyambi, the County Secretary Makueni County, Ms. Joyce Mutua, the County Executive Committee Member (CECM), Health Services, Ms. Damaris Kavoi, the County Executive Committee Member, Finance, Planning, Budget and Revenue, Ms. Martha Munyao the hospital's Chief Executive Officer, Dr. Daniel Gichogo, the hospital Director of Clinical Services and Dr. Geoffrey Muthoka in charge of Health Services and host officers from the Health Department in the County.

2. The Committee was accompanied by Hon. Jackson Mbalu, Member of the County Assembly representing Kikumbulyu North Ward and Chairperson of the counterpart Committee of Health and Hon. Kyalo Mumo Member of the County Assembly representing Tulimani Ward and a Member of County Assembly Committee of Health.
3. The Committee was informed that Makueni County Referral Hospital (MCRH) is a level 5 facility that offers specialist and general services including Emergency, Mental Health, Nutrition Care, and had facilities for advanced surgeries such as neurosurgery and obstetric safe surgery. The Facility had a bed capacity 435 beds including the Maternity that had a bed capacity of 129 beds.
4. The Committee was informed that the staffing structure at the hospital included various cadres with a total of 225 staff on permanent and pensionable terms, supplemented by 15 staff under the Universal Health Coverage (UHC) program, 2 partners, and 109 on hospital contracts. Additionally, the cadres were composed of 16 Consultants, 10 Medical Officers, 14 General Clinical Officers, 18 Specialist Clinical Officers, 56 Specialist Nurses, 5 Nurse Anesthetists, 65 General Nurses, 3 Pharmacists, 7 Pharmaceutical Technologists, 3 Radiographers, 3 Nutritionists, 9 Physiotherapists, 5 Psychological Counsellors, 4 Occupational Therapists, and 7 RCO Anesthetists.
5. During the tour of the facility, the Committee made the following observations-
  - a) The Radiology Department was adequately equipped with one (1) x ray machine, one (1) CT scan, two (2) ultrasound, one (1) mammogram machine, one (1) OPG machine, Computer-Aided Risk Score for Mortality (CARM) machine in the Theatre, one (1) Laparoscopic tower in the Theatre, 4 Renal Dialysis machines and a Telemedicine for teaching and consultations;
  - b) There was no functional incinerator at the facility and both medical and non-medical waste was being disposed in an open field next to residential and commercial buildings and during the visit some recently used bandages and blood-stained linen were found strewn all over the said field posing serious health risks to human health and the environment. The Committee observed that this violated the regulatory standards for safe waste management and promoted spread of dangerous pathogens to nearby residents;
  - c) While the Hospital had removed the asbestos roofing, they had been disposed in an open field and piled along the fence to the wards exposing the patients, their families and healthcare personnel to significant health problems related to asbestos fibres;



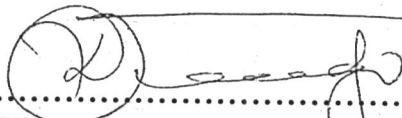
- d) There was only one functional laundry machine, and the linen awaiting cleaning were not properly sorted, indicating inadequate hygiene practices. Additionally, the unit was operated by two casual workers who did not have any signed contractual agreements with either the facility or the Government, raising concerns about staffing and compliance with employment regulations;
- e) The Hospital had acquired an adequate number of ambulances, however, most of them had been grounded and only one was reported to be operational. Additionally, it was noted that the ambulances' interiors included broken old beds with rugged, worn-out covers;
- f) The hospital compound near the parking lot was dotted with abandoned, unused and broken-down motor vehicles posing a significant health, safety and environmental concerns. The Committee observed that the derelict vehicles and machinery were an eye sore and a source of pollution and hazard to both staff and the public since they were parked along the hospital busy paths and walk ways;
- g) The Mother and Child Unit was spacious, clean, and well-ventilated, with adequate bed capacity. However, the Committee observed that the unit faced challenges such as insufficient supply of mosquito nets and linen. It was also reported that the Unit was also understaffed and faced a severe shortage of nursing personnel;
- h) Patients informed the Committee that they had been directed to purchase prescription drugs from external pharmacy stores located along the hospital road indicating inadequate supply of essential drugs and medicine at the hospital;
- i) At the Pharmacy, there were no bin cards and record keeping was poorly done making it unreliable to track drug movement and thereby increasing risks of pilferage, waste and loss of medicine through expiry and mismanagement. There were discrepancies between bin card entries and physical counts for instance there were excess stock of *Tradmin*, a brand of the prescription drug on the shelves as opposed in the recorded stocks;
- j) General dilapidated infrastructure at the facility which included leaking pipes and wet pathways increasing the risk of slips and falls for both patients and hospital staff, naked and exposed electrical wires inside wards and corridors posing immediate hazards, broken windows at the mortuary compromising building security and hygiene and non-functional cold rooms in the kitchen which undermined food safety and storage.

MIN/SEN/SCH/277/2025

ADJOURNMENT /ANY OTHER BUSINESS

There being no other business, the Hospital tour was concluded at thirty minutes past four o'clock in the evening

SIGNED.....



DATE.....

26/11/2025

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





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

**MINUTES OF THE FIFTY-SECOND (52<sup>ND</sup>) SITTING OF THE STANDING COMMITTEE ON HEALTH HELD ON WEDNESDAY, 22<sup>ND</sup> OCTOBER, 2025 AT 12.00 NOON AT KITUI TEACHING AND REFERRAL HOSPITAL, KITUI COUNTY**

**MEMBERS PRESENT**

- |                                  |                    |
|----------------------------------|--------------------|
| 1. Sen. Mariam Sheikh Omar, MP   | - Vice-Chairperson |
| 2. Sen. Richard Onyonka          | - Member           |
| 3. Sen. David Wakoli, MP         | - Member           |
| 4. Sen. Tabitha Mutinda, MP      | - Member           |
| 5. Sen. Joseph Githuku Kamau, MP | - Member           |

**ABSENT WITH APOLOGY**

- |                                                |               |
|------------------------------------------------|---------------|
| 1. Sen. Jackson K. Arap Mandago, EGH, MP       | - Chairperson |
| 2. Sen. Justice (Rtd) Stewart Madzayo, EGH, MP | - Member      |
| 3. Sen. Ledama Olekina, MP                     | - Member      |
| 4. Sen. Hamida Kibwana                         | - Member      |

**SENATE SECRETARIAT**

- |                         |                           |
|-------------------------|---------------------------|
| 1. Mr. Humphrey Ringera | - Senior Research Officer |
| 2. Mr. David Ngamate    | - Clerk Assistant         |
| 3. Mr. Gilbert Juma     | - Legal Counsel           |
| 4. Mr. David Munene     | - Research Officer        |
| 5. Mr. Ian Otieno       | - Audio Assistant         |
| 6. Mr. Ibrahim Odindo   | - Serjeant At Arms        |

**IN ATTENDANCE**

1. Ms. Ruth Koki
2. Dr. Benson Musyoka
3. Mr. Aggrey Kamba

**KITUI COUNTY EXECUTIVE**

- County Executive Committee Member, (CECM) Department of Health and Sanitation
- Chief Officer, Medical Services
- Chief Officer, Drugs and Medical Supplies

4. Ms. Lynn Kitwan
5. Dr. John Mungai
6. Ms. Florence Munyithia

- Chief Officer, Public Health and Sanitation
- Medical Superintendent – Kitui Referral Hospital
- Deputy County Nursing Officer

#### **KITUI COUNTY ASSEMBLY MEMBERS**

7. Dr. Erastus Mbuno
8. Mr. Bernard Munyasya
9. Mr. Kyalo Kimuli
10. Mr. Mathew N. Vuthi
11. Mr. Hussein Mwandia
12. Ms. Munira Mohamed

- Deputy Majority Leader
- Chairperson, Health and Sanitation Committee
- Vice Chairperson, Health and Sanitation Committee
- Member, Health and Sanitation Committee
- Member, Health and Sanitation Committee
- Member, Health and Sanitation Committee

#### **MIN/SEN/SCH/271/2025**

#### **PRELIMINARIES**

The Committee commenced the tour of Kitui Teaching and Referral Hospital at twelve noon.

#### **MIN/SEN/SCH/272/2025**

#### **OVERSIGHT VISIT TO KITUI COUNTY TEACHING AND REFERRAL HOSPITAL,**

1. The Committee conducted an oversight visit to Kitui County Referral on Wednesday, 22<sup>nd</sup> October, 2025 and was received by Ms. Ruth Koki, the County Executive Committee Member (CECM) Department of Health and Sanitation, Dr. Benson Musyoka, Chief Officer, Medical Services, Mr. Aggrey Kamba, Chief Officer, Drugs and Medical Supplies, Ms. Lynn Kitwan, Chief Officer, Public Health and Sanitation and Dr. John Mungai, the Medical Superintendent at the Hospital;
2. The Committee was informed that Kitui County Referral Hospital was opened in 1905 as a local native hospital. It has since evolved to a fully-fledged referral hospital with health expertise and specialized services and has deservedly earned recognition throughout Kitui County and its environs as a preferred diagnostic, treatment, and referral centre. The Hospital has in the previous years witnessed expansive investment in the latest technology, systems, procedures, drugs, non-pharmaceuticals, health expertise and medical equipment that have enabled adequate provision of most of the specialized health services.
3. The Committee was taken through a presentation on the operation of the facility and the services offered in its different departments and units. The Committee was informed that the facility offers a range of specialized department and units including the outpatient, inpatient, Intensive Care Unit (ICU), radiology department, the laboratory, the maternity, the renal unit, the pharmacy, the blood bank, the Tuberculosis (TB) clinic and specialized clinics such as dental units;
4. The Committee was informed that Kitui County Referral Hospital currently has a bed capacity of 320 beds. In FY 2022/2023, 2023/2024, and 2024/2025, the facility recorded a rise in total workload of 299,195, 358,340, and 409,440 patients, respectively. This implies that the facility has an average daily workload of 1,121 patients



5. The Radiology Department is equipped with the 4 X-ray machines, 1 CT scan, 5 Ultrasound machines and 1 C-Arm X-ray machine housed in its General Theatre. The Committee was further informed that the facility has 31 consultants, 19 medical doctors, 70 Registered Clinical Officers, 185 nurses, 10 pharmacists, 7 radiographers, 18 nutritionists, 12 anesthetists, 7 physiotherapists and 4 occupational therapists. The Hospital had recently constructed a new mortuary wing that could hold 60 more bodies;
6. The Committee was informed that the hospital had admitted patients beyond its capacity as most private hospitals had turned away patients following a standoff between the private healthcare practitioners and the Social Health Authority (SHA).
7. During the tour of the facility, the Committee made the following observations-
  - a) At the radiology unit, it was reported that the X-ray machine had broken down for about three weeks and patients had been referred to private facilities outside the Hospital. However, during the visit the X-ray machine had been repaired and commenced operations. Nonetheless, the mammogram machine essential for breast cancer screening was non-functional;
  - b) The absence of a functional mammogram machine means women must travel outside the County for breast cancer screening, risking delays in diagnosis and treatment;
  - c) The Male General Ward, (Ward No. 6), had admitted patients beyond its designated capacity leading to multiple incidents of patients sharing beds. The Committee observed that Tuberculosis (TB) patients had been accommodated in a cubicle in the same ward which could heighten infection risks in addition to possibly violating infection prevention and control standards. However, the Committee was informed that the County Government had prioritized construction of sixteen (16) bed capacity isolation services wards for the highly infectious and multidrug-resistant patients who were isolated in improvised isolation rooms;
  - d) The Hospital's TB Clinic is currently responsible for managing approximately 400 patients but critically lacks a dedicated TB-specific laboratory. Diagnostic and laboratory services for TB, such as sputum microscopy, GeneXpert molecular tests and cultures are typically conducted in general labs, risking contamination and delays in diagnosis;
  - e) Maternity wards have been severely overcrowded forcing some mothers to share single beds, a situation that substantially increases the risk of hospital-acquired infections and leads to considerable physical and psychological discomfort for both mothers and newborns. This congestion was associated with high patient load especially given county's expanded role in serving neighboring counties and strain on regional healthcare delivery systems;

- f) The labor ward and delivery room were found to be open and directly accessible from the general wards with only curtains used as partitions instead of solid doors. The Committee observed that this configuration caused significant privacy concerns. However, the Committee was informed that the County Government has prioritized construction of a 276-bed capacity mother and child block to accommodate maternity, labour and pediatric units. Further, the Hospital's new "Little Angels Newborn Unit" had made major improvements, including new equipment like radiant warmers, incubators, laundry, and intensive care space.
- g) The Hospital faces challenges in proper drugs records management within its pharmacy characterized by inadequate records officers' capacity, too few staff handling documentation for high patient volume and managing majority of the records manually without uniform standards. Some offices were congested with non-current records and lacked sufficient storage facilities, increasing vulnerability to physical loss and damage;
- h) The Committee observed that each patient requires at least four different records to be kept, a responsibility that is reportedly overwhelming for the available staff, especially with the shortage of both health records and nursing personnel;
- i) The Hospital mortuary stood out as well-maintained, clean, and equipped with modern refrigeration systems including newly installed refrigerators and upgraded cold rooms which provided hygienic, dignified storage for deceased and comfort for bereaved families. Nonetheless, the Committee was informed by the mortician in charge that they faced challenges related to workload and the lack of promotional opportunities;
- j) The facility faces general several infrastructural maintenance challenges including window panes, broken tiles and failing ceilings in the wards all of which would negatively impact the quality and safety of patient care. The Committee observed that this would expose wards to dust, wind, rain, and increased risk of theft or unauthorized entry;
- k) The Hospital's overall CCTV camera system was reported as malfunctioning which compromised the security and heightened risks related to both patient safety and asset protection. The Committee noted that functional security cameras are crucial for maintaining order, monitoring sensitive spaces like drug stores and mortuaries and providing evidence in case of security breaches or disputes;
- l) The Hospital's blood bank is presently domiciled in a very small room with limited storage space and it faces operational challenges with its main blood storage fridge reported to have been out of order since 2024;



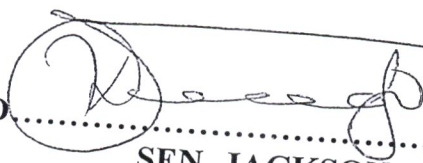
- m) The Renal Unit at the Hospital has five functional dialysis machines offering at least ten (10) sessions per day. The Committee was informed that the County Government was in the process of procuring twenty (20) more dialysis machines and consequently set up a new renal centre;
- n) The incinerator was dysfunctional which led to improper disposal of hazardous and toxic biomedical wastes posing severe health and environmental risks for hospital staff, patients and surrounding eco system;
- o) There were some healthcare workers who had worked for inordinate long period without promotion such as the mortuary attendant who had reportedly worked for over twenty years without advancement;
- p) Some departments and units in the hospital such as the TB Clinic, the blood bank and the maternity wards were severely understaffed leading to challenges in service delivery and overall functioning of the facility. However, the Committee observed that healthcare personnel had been assigned duties to work even at night in the radiology unit even when the machine was not working.

MIN/SEN/SCH/273/2025

ADJOURNMENT /ANY OTHER BUSINESS

There being no other business, the oversight visit was concluded at thirty minutes past six o'clock in the evening

SIGNED.....



DATE.....

29/11/2025

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







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

**MINUTES OF THE FIFTY-FIRST (51<sup>ST</sup>) SITTING OF THE STANDING  
COMMITTEE ON HEALTH HELD ON WEDNESDAY, 22<sup>ND</sup> OCTOBER, 2025 AT  
11.00 AM IN GOVERNORS OFFICE, KITUI COUNTY**

**MEMBERS PRESENT**

1. Sen. Mariam Sheikh Omar, MP
2. Sen. David Wakoli, MP
3. Sen. Richard Onyonka, MP
4. Sen. Tabitha Mutinda, MP
5. Sen. Joseph Githuku Kamau, MP

- Vice-Chairperson
- Member
- Member
- Member
- Member

**ABSENT WITH APOLOGY**

1. Sen. Jackson K. Arap Mandago, EGH, MP
2. Sen. Justice (Rtd) Stewart Madzayo, EGH, MP
3. Sen. Ledama Olekina, MP
4. Sen. Hamida Kibwana, MP

- Chairperson
- Member
- Member
- Member

**SENATE SECRETARIAT**

1. Mr. Humphrey Ringera
2. Mr. David Ngamate
3. Mr. David Munene
4. Mr. Ian Otieno
5. Mr. Ibrahim Odindo
6. Mr. Jack Lemeteki

- Senior Research Assistant
- Clerk Assistant
- Research Officer
- Audio Assistant
- Serjeant at Arms
- Media Relations Officer

**IN ATTENDANCE**

1. Dr. Julius Malombe, EGH
2. Ms. Ruth Koki

**KITUI COUNTY EXECUTIVE**

- Governor, Kitui County Government
- County Executive Committee Member, (CECM)  
Department of Health and Sanitation

3. Dr. Benson Musyoka
4. Mr. Aggrey Kamba
5. Ms. Lynn Kitwan
6. Dr. John Mungai
7. Ms. Florence Muniyithia

- Chief Officer, Medical Services
- Chief Officer, Drugs and Medical Supplies
- Chief Officer, Public Health and Sanitation
- Medical Superintendent – Kitui Referral Hospital
- Deputy County Nursing Officer

#### **KITUI COUNTY ASSEMBLY MEMBERS**

8. Dr. Erastus Mbuno
9. Mr. Bernard Munyasya
10. Mr. Kyalo Kimuli
11. Mr. Mathew N. Vuthi
12. Mr. Hussein Mwandia
13. Ms. Munira Mohamed

- Deputy Majority Leader
- Chairperson, Health and Sanitation Committee
- Vice Chairperson, Health and Sanitation Committee
- Member, Health and Sanitation Committee
- Member, Health and Sanitation Committee
- Member, Health and Sanitation Committee

#### **PRELIMINARIES**

#### **MIN/SEN/SCH/266/2025**

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

#### **MIN/SEN/SCH/267/2025**

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

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

1. Preliminaries;
2. Adoption of the Agenda;
3. Meeting with Governor Kitui County Government-
4. Any other Business; and
5. Adjournment/Date of the Next Meeting.

#### **MIN/SEN/SCH/268/2025**

#### **MEETING WITH THE GOVERNOR, KITUI COUNTY GOVERNMENT**

1. The Committee paid a courtesy call on the Governor, Kitui County Government on Wednesday, 22<sup>nd</sup> October, 2025 and briefed him about the objective of the oversight visit.
2. The Governor informed the Committee that-
  - a) Kitui County has a total of 326 public healthcare facilities, comprising 3 Level IV hospitals, 9 Level 3B facilities, 54 Level 3A facilities, 245 Level 2 facilities, and 3 Beyond-Zero mobile clinics;
  - b) Recently, the public healthcare facilities in the County had experienced a significant influx of patients following a standoff between the private healthcare providers and the Social Health Authority (SHA). This crisis reportedly began when private and faith-based hospitals started requiring patients to pay cash for services;



- c) As of 31<sup>st</sup> July 2025, Kitui County had successfully registered 365,613 persons, accounting for 32.2% of the county's total target population of 1,136,187. On 2<sup>nd</sup> June 2025, the County launched an enhanced SHA registration strategy. This strategy increased monthly SHA registrations to an average of 36,025 persons, a rise from the previous monthly average of 29,497. This steady growth demonstrates the County's commitment and sustained momentum in expanding SHA coverage;
- d) To support SHA registration process, the County received 213 SHA gadgets including tablets and power banks. However, despite this allocation, 101 public health facilities are still without SHA gadgets, limiting their ability to submit claims and access timely reimbursements;
- e) As of 18<sup>th</sup> August 2025, health facilities in the County had submitted claims totaling Kshs. 631,765,540. Of this amount, Kshs. 338,384,178 (53.5%) had been reimbursed, while Kshs. 293,381,362 (46.5%) remained as the outstanding balance.
- f) The Kenya Medical Supplies Authority (KEMSA) remains the primary supplier of essential Health Products and Technologies to the County. However, the County has also been affected by persistent drug supply challenges from KEMSA), experiencing order fill rates that typically range between 50% and 70%;
- g) The County public healthcare facilities have become heavily strained as they serve not only local residents but also an increasing number of patients from neighboring counties including Garissa, Machakos, Makueni, and Embu;
- h) 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. Currently, the Department of Health and Sanitation has a workforce of 1,943; 1,794 on permanent and pensionable terms, 143 UHC staff, six (6) on contracts. In the current FY 2025/2026, the County has set aside a budget of Kshs. 236M for recruiting additional health workers in order to strengthen the county's healthcare workforce and enhance service delivery;
- i) 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.

**MIN/SEN/SCH/269/2025**

### **ANY OTHER BUSINESS**

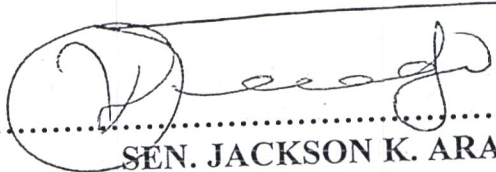
The Committee expressed concern regarding the ongoing medical doctors' strike in Kiambu County, which lasted for an unprecedented 151 days, making it one of the longest county-level medical industrial actions in Kenya's recent history. With the foregoing, the Committee resolved to undertake a county oversight visit to Kiambu County to acquaint itself with the healthcare provision in the County.

MIN/SEN/SCH/270/2025

ADJOURNMENT

There being no other business, the meeting ended at thirty minutes past eleven and the Committee proceeded to undertake oversight visits in the healthcare facilities.

SIGNED.....



DATE.....

26/11/2025

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