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THIRTEENTH PARLIAMENT

THE SENATE

THE STANDING COMMITTEE ON HEALTH

REPORT ON THE INSPECTION TOUR OF COUNTY REFERRAL  
HOSPITALS IN KISII, NYAMIRA AND BOMET COUNTIES

PAPERS LAID	
DATE	22.05.2024
TABLED BY	✓ Chairperson
COMMITTEE	Health
CLERK AT THE TABLE	Ms. Macharia

Approved.  
21.05.2024  
DSS

Clerks Chambers,  
Parliament Buildings,  
NAIROBI

MAY, 2024

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### **List of Annexures**

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### **List of Abbreviations**

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

## **PRELIMINARIES**

### **A. Establishment and Mandate of the Standing Committee on Health**

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.*

### **B. Functions of the Committee**

Pursuant to Standing Order 228(4), the Committee functions to –

1. Investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration and operations of its assigned ministries and departments;
2. Study the programme and policy objectives of its assigned ministries and 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 ministries 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 their mandate.

### **C. Government Agencies and Departments**

In exercising its mandate, the Committee oversees the County Governments, the Ministry of Health and its various Semi-Autonomous Government Agencies (SAGAs).

#### **D. Committee Membership**

The Standing Committee on Health was constituted by the House on 27<sup>th</sup> October, 2022, and comprises of the following Members –

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

#### **E. Committee Secretariat**

The Committee Secretariat comprises the following staff -

1. Ms. Mary Chesire	-	Director, Socio-Economic Services
2. Mr. Boniface Lenairoshi	-	Deputy Director
3. Mr. Stephen Gikonyo	-	Principal Clerk
4. Dr. Christine Sagini	-	Lead Committee Clerk
5. Ms. Florence Waweru	-	Committee Clerk Assistant
6. Mr. Mitchell Otoro	-	Legal Counsel
7. Ms. Lilian Onyari	-	Fiscal Analyst
8. Mr. Dennis Amunavi	-	Research Officer
9. Mr. Victor Kimani	-	Audio Officer
10. Ms. Hawa Abdi	-	Sergeant-at-Arms
11. Mr. David Muthuri	-	Intern



## **CHAIRPERSON'S FOREWORD**

The Standing Committee on Health conducted a fact-finding tour of Bomet, Nyamira and Kisii Counties between 30<sup>th</sup> October, 2023, and 3<sup>rd</sup> November, 2023.

The tour was triggered by requests for Statements by Sen. Richard Onyonka, MP, Senator, Kisii County, regarding the state of operations in Kisii Teaching and Referral Hospital and the closure of Nyamarambe Health Center. At sittings held on diverse dates, the Standing Committee on Health deliberated on the matters arising from the Statements and resolved to conduct an inspection tour of health facilities in Kisii County.

Moreover, the Committee resolved to conduct visits in the neighboring counties, that is, Nyamira and Bomet Counties, to assess the state of health care services; understand the unique achievements, issues, and challenges facing health service delivery in the counties; and, recommend remedial measures and interventions by the Senate.

In conducting the visits, the Committee met with key parties in relation to the health service delivery in the respective counties, including: the respective Governors or their representatives, relevant members of the County Executive Committees, Chief Officers of Health, members of the County Health Management Teams and hospital management representatives.

The Committee also reviewed relevant documents and memoranda as submitted by the respective county governments.

The Committee findings, observations and recommendations arising from this process are contained in this report.

### **Acknowledgements**

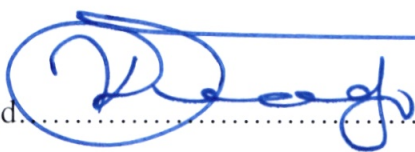
On behalf of the Committee, I wish to thank the Area Senators of Bomet, Nyamira and Kisii for their full participation and cooperation during the course of the tour.

I also wish to thank the respective County Executives led by the County Governors, and their County Assemblies led by their Speakers, for the fruitful deliberations that have culminated in the production of this report.

Finally, I wish to thank the Offices of the Speaker and Clerk of the Senate for their support during the entire process of considering this matter.



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.

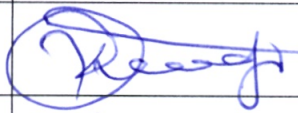


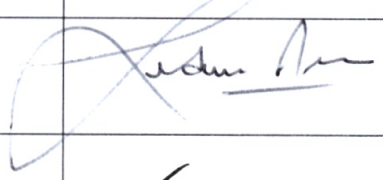





Signed.....  Date..... 16/05/2024

**SEN. JACKSON KIPLAGAT MANDAGO, EGH, MP**

**CHAIRPERSON, STANDING COMMITTEE ON HEALTH**

**ADOPTION OF THE REPORT OF THE SENATE STANDING COMMITTEE  
ON HEALTH ON THE INSPECTION TOUR OF COUNTY REFERRAL  
HOSPITALS IN KISII, NYAMIRA AND BOMET COUNTIES**

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

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

## CHAPTER ONE

### INTRODUCTION

#### **A. Background**

Standing order 53 (1) of the Senate Standing Orders provides that a Senator may request for a Statement from a Committee relating to any matter under the mandate of the Committee that is of county-wide, inter-county, national, regional or international concern.

Pursuant to this provision, at the sitting of the Senate held on Thursday, 25<sup>th</sup> May, 2023, Sen. Richard Onyonka, MP, requested for Statements from the Standing Committee on Health regarding -

A. The state of operations in Kisii Teaching and Referral Hospital. The Committee was requested to-

1. State the reasons for the inordinate delay in opening the mother and child wing of the Kisii Teaching and Referral Hospital;
2. Table a detailed report on the operational capacity of medical equipment in use, the availability of drugs and the capacity of essential hospital facilities, giving reasons for any observed deficiencies;
3. Indicate whether a system has been put in place to monitor and control the distribution of medicines to health facilities in Kisii County, and if not, state when it will be implemented, indicating the timeframes;
4. Disclose how much revenue the hospital has collected since September 2022, stating the specific accounts where funds were deposited; and
5. Undertake an assessment visit to Kisii Teaching and Referral Hospital to assess its operational capacity and the availability of basic services such as running water.

B. The closure of Nyamarambe Health Center. In the Statement, the Committee was requested to-

1. State the reasons for the closure by Kisii County Government of Nyamarambe Health Center which serves many residents of South Mugirango Constituency and indicate when it will re-opened;
2. Explain the measures in place to ensure that affected residents continue to access government medical care for the duration of the closure of the facility; and
3. Table a report on all the Health facilities in Kisii County, stating the number of doctors, clinical officers, nurses, and other healthcare professionals posted to each facility.



At sittings held on diverse dates, the Standing Committee on Health deliberated on the matters arising from the Statements and resolved to conduct an inspection tour of health facilities in Kisii County.

Moreover, the Committee resolved to conduct visits in the neighboring counties, that is, Nyamira and Bomet Counties, to assess the state of health care services; understand the unique achievements, issues, and challenges facing health service delivery in the counties; and, recommend remedial measures and interventions by the Senate.

### **B. Methodology**

In conducting the visits, the Committee met with key parties concerning the health service delivery in the respective counties, including members of the County Executives, Chief Officers of Health, members of the County Health Management Teams, hospital management representatives, and health worker representatives.

The Committee also reviewed relevant documents and memoranda as submitted by the respective county governments.

The Committee's findings, observations, and recommendations arising from this process are contained in this report.

## CHAPTER TWO

### COMMITTEE PROCEEDINGS

#### A. BOMET COUNTY

The Committee visited Bomet County on Monday, 30<sup>th</sup> October, 2023, in the company of the Area Senator.

The Committee met with representatives of the County Executive led by the Governor. Other members of the County Executive present included; the County Secretary, the CEC Member of Health, the Chief Officer of Health, Members of the County Health Management Team and health worker representatives. In addition, the Committee met with Members of the Health Committee of the County Assembly of Bomet led by the Chairperson and Vice Chairperson.

#### 1. Visit to Longisa County Referral Hospital

The Committee commenced with a visit to Longisa County Referral Hospital where they met with Members of the Health Committee of the County Assembly of Bomet. The Chairperson of the Health Committee of the County Assembly of Bomet extended a warm welcome to the Senate Committee on Health on behalf of his Committee, and acknowledged the Senate's role in strengthening devolved health services. He further stated his commitment to work with the Senate Health Committee to improve oversight.

The Committee then proceeded to conduct a visit of the facilities at Longisa County Referral Hospital where the following observations were made -

- a) ***Mother-Child Clinic:*** The Committee observed that whereas antenatal services, family planning, CS screening, and HIV testing were available at the hospital, there was an apparent staff shortage in the triage services for mothers with only seven (7) staff members i.e three nurses in the nutrition department, three clinicians for pediatrics and sick mothers, and one lab technician, each working 8 hours per day. The Committee further observed that triage services contained nine service delivery points, against six nurses, thus indicating a deficiency of three nurses.
- b) ***Drugs and supplies:*** The facility reported a shortage of anti-TB drugs.
- c) ***Specialized equipment:*** The Committee found four staff on duty at the time of the visit, and were informed that the CT scan center served 10-15 patients per day, at an average cost of Kshs. 6000 for non-NHIF patients. The Committee further took note that the facility reported occasional downtime with MES equipment and the CT scan, impacting report generation and compromising service delivery.

With regards to ultrasound services, the Committee found that ultrasound services were offered on a 24-hour schedule, and that the hospital catered to a



high volume of patients with approximately 60 patients per day. However, there were reports of downtime owing to software and battery issues. In relation to the above, the Committee observed the need to strengthen the maintenance department at the hospital to minimize downtime.

- d) **Laboratory:** The Committee found that the laboratory department consisted of 21 staff, with 3 under UHC and 17 in permanent positions, including only one lab technician. The Committee noted that the hospital provided routine and special tests but faced challenges with TB detection due to cartridge shortages. With regards to TB detection, at the time of the visit, the facility had been without cartridges for two weeks and had resorted to using microscopy as an alternative. It was further reported that the facility had ordered cartridges from the National TB Program but was yet to receive them.
- e) **Theater:** The Committee observed that there was a main theater, a maternity theater, and an oncology theater that were well equipped but facing workforce constraints with only 5 orthopedic surgeons, 2 general surgeons, and 1 anesthetist in the main theater.
- f) **Maternity:** The Committee noted that a high volume of patients was handled at the maternity ward with 540 patients on average per month. During the visit, 46 patients were admitted, against a bed capacity of 39 indicating a need for more beds and staffing.

The ward reported 13 nurses, 2 gynecologists, 4 medical officers, 2 medical officer interns, and 10 clinical officer interns with two doctors and 2-3 nurses covering each shift, and handling 15 to 20 deliveries daily. At the time of the visit 5 nurses were on study leave. It was further reported that the maternity ward had a bed occupancy rate of 90% occupancy, leading to bed sharing.

- g) **Intensive Care Unit (ICU):** The Committee found that the ICU had 2 ventilators, 13 nurses (including 3 ICU nurses), 5 specialists and 3 pediatricians some of whom included Cuban doctors. The Committee however noted that there was uncertainty regarding the continuation of the Cuban doctors' services as they were approaching the end of their MOU.
- h) **Renal Unit:** The renal unit consisted of 5 nurses, 2 medical officers, and 1 nutritionist, along with 2 biomedical engineers. There were a total of 11 machines, of which 3 were non-operational at the time of the visit. Of the 11 machines, 8 were provided by the county while 6 were supplied by MES. The Committee further noted that there were reported challenges with machine servicing which often extended beyond the recommended six-month threshold.
- i) **Store/Procurement:** At the time of the visit, the facility was receiving KEMSA stock and was in the final stages of inspection by an acceptance committee. However, the Committee observed that store records were poorly kept and that there were challenges in producing request documentation and receiving complete orders from KEMSA. In relation to this, the Committee noted that there was a need to streamline documentation processes at the hospital to

improve efficiencies, and ensure timely and complete deliveries from suppliers like KEMSA.

- j) ***Mortuary:*** The Committee noted that the hospital utilized outdated embalming methods. Plans for mortuary expansion were reported to be in progress, even as the Committee recommended benchmarking with Ahero Sub-County Hospital which utilized updated preservation techniques which involved draining body fluids followed by pressurized pumping allowing for bodies to be preserved for up to 21 days without refrigeration. The Committee further recommended that the hospital adopt updated embalming techniques for improved preservation and operational efficiency.
- k) ***Oxygen Plant:*** The Committee found that the hospital had an oxygen plant with a capacity of producing 9000 liters of oxygen per hour. However, it was observed that there were challenges with refilling arrangements with the hospital reporting that it had received a 3,000-liter liquid oxygen plant from the Ministry of Health through AMREF. Initially informed that the plant would be refilled for free, the Committee was informed that after two weeks of use, the supplier declined to refill, stating that the hospital was responsible for refilling. In light of the above, the Committee noted the need to clarify responsibilities and agreements with the supplier to ensure continuous oxygen availability at the hospital.

## **2. Submissions by the County Executive**

The visit to the county referral hospital was followed by a post-briefing meeting at the Governor's Office where the Committee was warmly received.

The Chair remarked that the committee had a successful visit to Longisa County Hospital. He then went on to inform the County Executive led by the Governor, of the Committee's findings as summarized below -

- a) ***Clinical Services Performance:*** Longisa Hospital was recognized for its commendable performance in clinical services and treatment, achieving an impressive score of 80%.
- b) ***Record Maintenance and Procurement Processes:*** The committee observed challenges in record maintenance, noting disorderliness in the record-keeping system as evidenced by the following -
  - Discrepancies in the records, such as information on bill cards not aligning with actual stock.
  - Procurement processes did not align with the Public Procurement and Disposal Act which require an inspection and acceptance committee of at least four people.
  - Record-keeping irregularities with the receiving process, and reliance on KEMSA records instead of maintaining facility records for comparison.



- Some procurement officers were found to have expired licenses, highlighting a need for rectification in procurement procedures.
- c) **Order Fill Rate:** KEMSA's fill rate for essential drugs was noted to be low prompting the Chairperson to commit to addressing this matter directly with KEMSA.
- d) **Infrastructural Capacity Issues:** The Chair noted that the current ward design was intended for 64 patients and was inadequate as the patient load sometimes extended to 120. Urgent facility expansion was recommended to accommodate the higher patient volume effectively.
- e) **Renal Department:** Positive recognition was given to the county's provision of additional equipment in the renal unit. The Chair recommended the county consider acquiring a nephrologist to enhance medical expertise and services in the renal department.
- f) **Human Resource Development and Training:** The committee stressed the importance of comprehensive training opportunities for all healthcare personnel, emphasizing inclusive training initiatives for doctors, nurses, clinical officers, and other staff categories.
- g) **Mortuary Expansion:** Inadequacy in the mortuary size was noted, with recommendations for expansion and updating embalming techniques for improved preservation and operational efficiency noted.
- h) **Anti-TB drugs:** Shortages of reagents and consumables in the TB sector were highlighted, with the Chair committing to take up the matter with the Ministry of Health to prevent interruptions in TB patient treatment.
- i) **Sewer System:** It was noted that there was a need to reconstruct the sewer system using an alternative approach that promotes environmental friendliness and cost-effectiveness.
- j) **Internship:** An excess of interns and students at the hospital was noted, with a disproportionate teacher-intern to patient ratio.
- k) **Maternity:** Concerns were raised about lack of privacy and sharing of beds in the postpartum and postnatal section of the maternity wing. The County Executive Committee assured that issues with privacy and human resource challenges would be addressed within 30 days.
- l) **Theater Units and Cuban Doctor in ICU:** Increasing the number of theater units was advised to maximize the use of available surgeon doctors. Further, the decision regarding the retention or replacement of the Cuban doctor in the ICU was left to the county's discretion.

- m) ***Management of Expired Drugs and Commodities:*** The committee requested records of expired drugs from the facility to address issues of oversupply and ensure availability of essential commodities.

In his remarks, the Governor expressed appreciation for the Committee's feedback, and pledged to act where areas for improvement had been identified. He further noted that- -

- a) The County aimed to elevate Longisa Referral Hospital from a level 4 to a level 5 facility.
- b) A new mother-child facility, scheduled for completion in November 2023, aimed to alleviate congestion, particularly in the maternity sector.
- c) Action would be taken to address record-keeping and drug procurement processes.
- d) Regarding sewerage, it was noted that there was an ongoing court dispute for which a resolution was being sought.
- e) A budget allocation was planned to address upgrading of the mortuary facilities.
- f) The County was aware of challenges in the delivery room, including bed-sharing and privacy issues. He noted that vocational training centers had been tasked with producing curtains by March 2024 to address privacy concerns.
- g) On the retention of Cuban doctors, the Governor emphasized the need to renegotiate with the National Government to retain Cuban doctors due to their positive impact on the health sector.
- h) Issues with equipment, particularly the CT scan were due to contractual problems, and amicable solutions were being sought.

He concluded by expressing gratitude to the Committee for their visit and committing to addressing the issues raised. He further emphasized Bomet's readiness to implement Universal Health Coverage (UHC) with a significant investment in community health services.



## **B. NYAMIRA COUNTY**

The Committee visited Nyamira County on Monday, 30<sup>th</sup> October, 2023, in the company of the Area Senator.

The Committee met with representatives of the County Executive led by the Governor. Other members of the County Executive present included: the County Secretary, the CEC Member of Health, the Chief Officer of Health, Members of the County Health Management Team and health worker representatives.

### **1) Visit to Ekerenyo Sub-County Hospital**

During an impromptu visit en route to Nyamira County, the Committee assessed the service delivery and general operations at Ekerenyo Sub-County Hospital and made the following observations -

- a) **Maternity Ward:** Three beds were available, with ongoing construction supported by the National and Finland governments for facility expansion. The privacy of patients was compromised owing to the lack of curtains and bed screens.
- b) **Male Ward:** The Committee observed that the male ward had bare windows and a lack of bed screens, highlighting concerns for patient comfort and privacy.
- c) **Laboratory:** The Committee found that the hospital runs a full-time laboratory that is staffed with two lab technicians. Basic tests provided included hematology tests, malaria, and typhoid screening. The Committee observed that there was evidence of efficient management of laboratory supplies, adequate stocks, and effective records management through the proper use of bin cards.
- d) **Staff motivation:** Lower than expected number of staff were found at the facility, indicating low staff morale.
- e) **Utilization of hospital services:** Utilization of the hospital services was very low particularly in the labor ward where only one patient was observed.

### **2) Visit to Nyamira County Referral Hospital**

The Committee then proceeded to Nyamira County Referral Hospital where the following observations were made -

- a) **Pharmacy:** The Pharmacist-in-charge took Members through the Pharmacy Department. He confirmed that drugs were sourced from KEMSA, with the hospital having two pharmacy stores for oral and injectable drugs.

KEMSA fill rate was reported to be 60% which marked an improvement from 45%, with essential drugs having a fill rate of 40%. In relation to the same, he stated that the hospital had received drugs worth Ksh. 13 million against an order of Ksh. 25 million. He confirmed that the hospital used an HMIS system



for stock control and that all hospital drugs were branded as GOK to prevent diversion to private pharmacies. He however noted that while KEMSA drugs were usually branded, this was not always the case and that they had raised it as a concern to KEMSA.

On the disposal of expired drugs, the Pharmacist reported that the hospital followed the laid down public health procedures.

On the adequacy of the drug supplies, it was reported to Members that the county had committed a budget of Kshs. 40 million for the purchase of drugs for use across 136 health facilities in the county, against an initial budget of Kshs. 120 million. With regards to the county referral hospital, he reported that through its FIF, Kshs. 42 million had been budgeted for the purchase of drugs against an annual target collection of Kshs. 200 million.

- b) **Laboratory Services:** The laboratory offered various services including parasitology, budget hematology, renal tests, liver tests, and endocrine tests. The Committee was further informed that laboratory services were chargeable at affordable rates or free. Notably, the Committee found that the laboratory was well-equipped and that it had sufficient reagents.
- c) **Maternity Wing:** Staffing in the maternity section included 1 gynecologist, 4 medical officers, 14 nurses, 6 clinical officer interns, and 1 medical officer intern. At the time of the visit, the hospital reported approximately 43 deliveries with 13 being caesarian sections. On average, the hospital recorded 100-200 against a ward bed capacity of 42.

The newborn unit was well-equipped and had low mortality rates.

- d) **Mortuary:** At the time of the meeting, the mortuary was under renovation, with non-functional facilities including fridges. The committee urged the management to ensure renovations are completed promptly to resume services.
- e) **Hospital Plaza:** The Committee observed that a hospital plaza whose construction started 5 years ago was only partially operational and poorly equipped. Whereas the hospital reported that inpatient services were expected to be available from January 2024 to alleviate congestion at the main hospital, Members noted that while construction was complete, of the sections of the plaza it had inspected, only a fridge and office desk were found. The Committee therefore urged the management to expedite the equipping of the facility, and the engagement of medical specialists and consultants to make it operational.

### 3) Submissions by Health Worker Union Representatives

Health worker union representatives indicated that they enjoyed a positive working relationship with the county and urged the Senate to ensure adequate resource allocation to support devolution. However, the union officials raised concerns about

challenges with inter-county transfers, emphasizing difficulties in obtaining transfers. The Chairperson iterated that such issues would be addressed by both the county and the Kenya Health Human Resource Advisory Council.

#### **4) Post-Briefing Meeting at the Governor's Office**

The Governor welcomed the Committee and thanked the committee for their visit to Nyamira County.

The Chairperson, Standing Committee on Health of the Senate, highlighted the work of the Committee in oversight of the devolved health function and emphasized the role of the Senate in ensuring that counties are protected and supported in executing their mandate.

He further provided feedback of the Committee's visit as summarized below -

##### **A. Ekerenyo Sub-County Hospital**

1. The facility, operating as a level 4 hospital, should function as a sub-county referral center. However, despite the visit having occurred during official working hours, the Committee had arrived at the facility to find staff preparing to leave for the day, indicating low staff morale.
2. While the facility was fairly staffed, uptake of services by the public was a matter of concern, particularly in the labor ward where only one patient was observed.
3. Patient privacy particularly in the maternity department was a concern owing to lack of curtains or bed screens at the hospital.
4. The cleanliness of the facility was up to standard and was commendable.
5. Footpaths within the hospital needed improvement and sheltering, especially during the rainy seasons.

##### **B. Nyamira County Referral Hospital**

1. The drugs store was well-stocked, indicating good drug supply, but there were issues with poor record management that needed improvement.
2. Maternity staffing was adequate, but the Committee recommended installing curtains and providing bed screens to enhance privacy for mothers.
3. There was a need to complete the construction and equipping of the COVID center/doctor's plaza to optimize operations and alleviate hospital congestion.
4. Reopening of the mortuary was advised to cater for members of the public who could not afford morgue services at private facilities.



5. Harmonization of training across all cadres of doctors was recommended to improve expertise and morale across the healthcare sector.
6. The county budget allocation for procurement of drugs was insufficient to meet the hospital's needs.

Based on the Committee's concerns and feedback, the Governor gave the following response -

1. He requested the Senate to support counties by acting to ensure that KEMSA is able to supply actual counties' needs, indicating that while the order fill rate had improved, it was still very low.
2. He committed to increasing the budget allocation for drugs significantly. Specifically, the allocation would be raised from Ksh. 40 million to Ksh. 80 million in the supplementary budget.
3. The Governor assured the committee that the Doctors Plaza would be made operational soon.
4. Regarding the mortuary, the Governor pledged to ensure that renovations are completed promptly so that the facility could be restored for use by the public.

## C. KISII COUNTY

### 1. Visit to Kisii Teaching Referral Hospital

On Friday, 3<sup>rd</sup> November, 2023, the Committee visited Kisii County in the company of the Area Senator.

The Committee commenced with a visit to Kisii Teaching Referral Hospital (KTRH) and noted several issues and concerns during their tour:

1. **Outpatient Services:** The hospital served 60-70 outpatient patients daily from Kisii, Nyamira, Homabay, and Trans Mara regions.
2. **Infrastructure and Maintenance:** Concerns were raised about the suboptimal conditions of the minor outpatient theater, nursing section furniture, and peeling tiles in various sections of the hospital. Issues observed included leaking ceilings in the drug store, faulty CCTV in the pharmacy, and suboptimal conditions in the theater and ICU.
3. **Staffing and Workload:** Various departments at the hospital faced high workload and staff shortages, including oncology, pharmacy, laboratory, main theater, casualty section, renal unit, and Newborn Unit (NBU). Further, there was a lack of specialists in some departments, impacting service delivery. Nevertheless, the hospital was playing a commendable role in accommodating interns and students, contributing to practical learning and professional development.
4. **Equipment and Facilities:** Multiple departments were experiencing equipment shortages and faults, such as the Casualty Department which had only one monitor, limited incubators in the Newborn Unit (NBU), and faulty machines in the renal unit. Further, in the radiology department, the CT scan and MRI machines were reported as non-functional. This had significantly hampered service delivery.
5. **Pharmacy Operations:** Drugs and supplies were sourced from KEMSA with a refill rate of 60%. It was reported that pediatric drugs were provided for free, and that this consumed a significant portion of the drug budget, and was often faced with shortages. Record-keeping at the pharmacy was also sub-optimal with the facility relying on hard copy records, and experiencing difficulties in retrieving patients' prescriptions due to the absence of an automated system.
6. **Drug Management and Monitoring:** The Committee noted concerns raised about allegations of patients being asked to purchase medicines from private pharmacies.
7. **Shortages of anti-TB drugs:** There was a shortage of anti-TB drugs at the hospital and surrounding satellite facilities at the time of the visit.



8. ***Stores and record-keeping:*** The central stores at the hospital were in a state of disrepair, with the Committee noting flooding, several leaks in the ceiling and a breaking support beam. Further, drugs and supplies were found placed directly on the damp floor, and various equipment (both new and old) appeared to have been dumped or discarded, including brand new incubators and MES equipment. In addition, the records-keeping and management system was poorly kept and insufficient.
9. ***Operationalisation of the new wing:*** Construction of the new wing of the hospital was ongoing with some finishing work pending completion.
10. ***Hospital waste disposal:*** The disposal of waste generated at the hospital did not meet public health standards and requirements with waste, including biological specimens being found in the open. In addition, the incinerators appeared overwhelmed.
11. ***Cancer Ward:*** The Committee found that KTRH was ready to start providing cancer treatment services pending inspection and certification by the National Cancer Institute of Kenya.
12. ***Mortuary services:*** Mortuary services at the hospital were exceptional, with highly motivated staff and a clean environment.
13. Congestion was observed in the Neonatal Unit (NBU) and Intensive Care Unit (ICU) due to a high influx of referral patients.
14. The hospital lacked a blood transfusion center and depended on the National Blood Transfusion Center despite high demand for the services.
15. Suboptimal performance of the oxygen machine during blackouts affected theater operations.

## 2. Visit to Kenyena Sub-County Hospital

The Committee conducted an impromptu visit to Kenyena Sub-County Hospital with the objectives of assessing the facility's state, identifying challenges, and providing recommendations for effective service delivery. The following observations were made during the assessment-

1. ***Infrastructure and Ward Conditions:*** The hospital was noted to be clean with optimal structures but was underutilized, particularly in the maternity and postnatal wards which had no patients. Critical observations included suboptimal beds (not adjustable for patient comfort), lack of curtains, mattresses, and blankets in some wards, rusty cabinets and absence of toilets and bathrooms within the wards. A stalled CDF project affected for the construction of a kitchen was observed at the facility.
2. ***Hospital Kitchen:*** The hospital's kitchen was non-operational, requiring patients' relatives to either purchase or bring food from home.



3. **Hospital toilets:** External pit latrines and bathrooms were used due to the absence of on-site facilities.
  4. **Water:** An inadequate water supply to the hospital wards was noted due to a defective pump at the hospital's borehole, thus necessitating reliance on the expensive Kenyena Community Water Project for the hospital's water supply.
  5. **Revenue Collection and Management:** Revenue collection was centralized at KTRH, hindering facilities like Kenyena Sub-County Hospital from managing their own revenue for essential needs or facility improvements.
  6. **Drug Supply and Management:** The hospital store was well-organized and clean with up-to-date records. However, the Committee noted reports of inadequate drug supplies at the facility, leading patients to purchase the majority of medicines from external sources.
- A. **Staffing and Management:** The absence of an in-charge at the hospital was noted, highlighting the importance of hospital managers being present to receive feedback and address areas for improvement.

### 3. Post-Briefing Meeting with the Governor

The Committee convened at the Governor's residence office in Kisii County, where it met with representatives of the County Executive led by the Governor. Other members of the County Executive present included; the CEC Member of Health, the Chief Officer of Health, Members of the County Health Management Team and Members of the County Assembly of Kisii.

Critical observations and recommendations were discussed as provided in the summary below -

1. **Decentralization of Funds:** The Committee highlighted concerns about the centralization of collection of funds at KTRH, noting that it was hindering other facilities from procuring essential hospital necessities. Members emphasized the need to decentralize funds to enable facilities to improve their infrastructure and purchase necessary supplies.
2. **Record Management at KTRH:** Serious deficiencies in record-keeping were noted at KTRH, with poor and insufficient record management systems. The committee highlighted that its visit had established significant discrepancies between drug bin card information and actual stock levels, highlighting the need for improvement in this area.
3. **Storage Disorder at KTRH:** Disorder in the storage of non-pharmaceuticals and liquid medicines at KTRH was observed, with health products and supplies being stored alongside construction material. Additionally, the drug storage area was in a state of disrepair necessitating immediate attention.

4. ***Services at KTRH:*** The committee acknowledged exceptional services provided at KTRH's Mortuary and ICU, emphasizing cleanliness, operational equipment, and dedicated staff. The importance of extending this high standard of service throughout the hospital was emphasized.
5. ***Staff Shortage and Workload:*** High workload due to staff shortages was noted in various departments at KTRH, impacting TB, Casualty, Pharmacy, Drug Store, Newborn Unit, Laboratory, and Theater departments.
6. ***Maintenance and Repair Needs:*** The committee emphasized the necessity to address maintenance issues such as floor peeling in ICU and theater, installation of CCTV in the pharmacy, and repair of non-operational machines in the Renal Unit at KTRH.
7. ***Idle Medical Equipment at KTRH:*** Concerns were raised about idle MES at KTRH's drug store, with recommendations to redistribute this equipment to level IV hospitals in the County.
8. ***Infrastructure Needs at Kenyena Sub-County Hospital:*** Critical needs at Kenyena Sub-County Hospital included essential amenities in wards (curtains, blankets, mosquito nets), investigation into low turnout in maternity ward, and addressing the abandoned CDF project.
9. ***Water and Kitchen Issues at Kenyena Sub-County Hospital:*** Water supply and operational kitchen issues were identified at Kenyena Sub-County Hospital, requiring urgent attention to ensure patient comfort and nutrition.
10. ***Waste Management:*** The committee emphasized the need to modernize waste management at KTRH.

In response, the Governor acknowledged the Committee's concerns, and emphasized his Government's commitment to address the challenges facing the sector. He noted that most of the challenges facing the sector were a carryover from the previous regime, and outlined various initiatives and plans to address the identified challenges including automation of revenue collection, improvements in hospital management systems, procurement of a new oxygen plant, and allocation of budgets for infrastructure improvements as summarized below -

1. ***Decentralization of Funds:*** The Governor acknowledged that issues with centralized fund collection at KTRH was hindering other facilities' procurement of basic necessities. He committed to addressing this concern to enable facilities to purchase essential needs and improve their infrastructure.
2. ***Record Management at KTRH:*** Recognizing the serious lapses in KTRH's record-keeping system highlighted by the Committee, the Governor committed to implement significant improvements in record management to ensure accurate and up-to-date information on drug stock and other essential inventory.



3. ***Storage Disorder at KTRH:*** The Governor acknowledged disorder in the storage of non-pharmaceuticals and liquid medicines at KTRH and pledged to rectify this issue to ensure proper storage conditions and prevent contamination.
4. ***Services at KTRH:*** The Governor appreciated the exceptional services provided by KTRH's Mortuary and ICU, committing to extend this high standard of service throughout the entire hospital.
5. ***Staff Shortage and Workload:*** Addressing the high workload due to staff shortages at KTRH, the Governor highlighted the challenge of a significant nursing gap and emphasized the need to address staffing issues to improve service delivery.
6. ***Maintenance and Repair Needs:*** Committing to addressing maintenance needs at KTRH, the Governor acknowledged the necessity to repair equipment in the Renal Unit, address floor peelings in the ICU and theater, and install CCTV in the pharmacy.
7. ***Idle Medical Equipment at KTRH:*** The Governor supported the Committee's recommendation to redistribute idle MES equipment at KTRH to level IV hospitals in the County to optimize resource utilization.
8. ***Infrastructure Needs at Kenyena Sub-County Hospital:*** The Governor noted the infrastructure needs at Kenyena Sub-County Hospital, including water supply, kitchen operations, and sanitation improvements, pledging budget allocation to address these issues
9. ***Waste Management:*** Acknowledging challenges in waste management, the Governor highlighted ongoing collaborations to address waste disposal issues.
10. ***Pharmacy Security:*** The importance of drug branding and digitization of pharmacy records for enhanced security and traceability.
11. ***Mother-Child Facility and Equipment Procurement:*** Regarding the mother-child facility, the Governor assured the Committee that the completion of the new wing would be prioritized, and procurement of equipment initiated despite outstanding contractor issues.
12. ***Oxygen plant:*** The Governor highlighted plans to purchase a new oxygen plant to address oxygen supply issues at KTRH and emphasized his commitment to improving healthcare infrastructure and services in the County.



## CHAPTER THREE

### COMMITTEE OBSERVATIONS

Based on the foregoing, the Committee made the following observations:

#### *a) General Observations*

1. **Staff shortages:** The Committee noted that most health facilities did not have the requisite number of staff working in critical departments (e.g. maternity), and that various departments in the hospitals were faced with a high workload and staff shortages.
2. **Post-graduate training:** The Committee observed that the Fourth Schedule of the Constitution mandates the National Government with the responsibility of capacity-building, including post-graduate training. However, counties had been unfairly burdened with covering the costs of salaries for health workers undergoing post-graduate training despite their services being rendered at national referral hospitals. The Committee further noted that the financial strain of funding post-graduate training had significant implications for county budgets, and had diverted resources away from potentially recruiting additional staff.
3. **Cuban Doctors:** The Committee noted that in view of the impending lapse of the contract period for Cuban doctors, there was a need for counties to renegotiate with the National Government to retain their services due to their positive impact on the health sector.
4. **Anti-TB commodity shortage:** The Committee noted that there was a global shortage of anti-TB drugs and commodities thus posing a significant challenge with TB detection and treatment and putting the country at risk of multidrug TB resistance.
5. **KEMSA Order Fill Rate:** The Committee took note that while there had been a reported improvement in KEMSA's order fill rate from 40% to 60% on average, counties still faced unmet supply needs, highlighting ongoing challenges in the procurement and distribution of essential healthcare commodities.
6. **Stalled health development projects:** The Committee observed that counties had started capital-intensive health projects whose construction had since stalled, or whose operationalisation was yet to be realized. For example, the hospital plaza at Nyamira County Referral Hospital, and the new wing at Kisii Level 5 Hospital.
7. **Expiry and safe disposal of drugs:** The Committee noted that there was a need for counties to order drugs in accordance with their actual needs to avoid oversupply, and to ensure that expired drugs in facilities are safely and promptly disposed of.

***b) In respect of Bomet County***

8. The Committee observed poor-record keeping practices at Longisa County Referral Hospital as evidenced by discrepancies between bin cards and actual stock in the central stores.
9. Further to the above, at the time of the visit, the hospital was in the process of receiving KEMSA stock. However, the Committee observed that store records were poorly kept, and that there were challenges in producing requisite documentation in relation to the order, with the hospital relying on KEMSA records to receive drugs, rather than conducting proper verification. Further, during its visit to the hospital, the Committee found that some of its procurement officers lacked up to date licenses.
10. The Committee noted that the current ward design at Longisa County Referral Hospital was inadequate as the patient load sometimes extended to almost double its capacity. The Committee therefore noted that there was an urgent need for facility expansion to accommodate the higher patient volumes effectively.
11. The Committee found that the hospital had an oxygen plant with a capacity of producing 9000 liters of oxygen per hour. However, it was observed that there were challenges with refilling arrangements with the hospital reporting that it had received a 3,000-liter liquid oxygen plant from the Ministry of Health through AMREF, but had received conflicting information from the Ministry regarding who was responsible for refilling the plant, and ensuring continuous oxygen availability at the hospital.
12. The Committee noted that the hospital utilized outdated embalming methods in its mortuary department.
13. It was noted that there was a need to reconstruct the sewer system using an alternative approach that promoted environmental friendliness and cost-effectiveness.
14. The Committee observed that there was lack of privacy and sharing of beds in the postpartum and postnatal section of the maternity wing at Longisa County Referral Hospital.
15. Positive recognition was given to the county's provision of additional equipment in the renal unit. The Chair recommended the county consider acquiring a nephrologist to enhance medical expertise and services in the renal department.

***c) In respect of Nyamira County***

16. The Committee noted that utilization of services at Ekerenyo Sub-County Hospital was very low particularly in the labor ward where only one patient was observed during the entire visit.



17. The Committee noted that patient privacy particularly in the maternity department in Nyamira County Referral Hospital was a concern owing to lack of curtains or bed screens at the hospital.
18. During its visit to Nyamira County Referral Hospital, the Committee found the mortuary was under renovation, with non-functional equipment including fridges. Noting that most members of the public could not afford morgue services at private facilities, the Committee noted that urgent completion of the renovations was needed in order to resume services.
19. The Committee observed that a hospital plaza whose construction started 5 years ago was only partially operational and poorly equipped. Further, the Committee noted that whereas the hospital reported that inpatient services were expected to be available at the facility from January 2024 to alleviate congestion at the main hospital, preparations to facilitate the same appeared lacking.
20. The budget allocation for procurement of drugs was insufficient to meet the county's needs. For example, the Committee found that the county had committed a budget of Kshs. 40 million for the purchase of drugs for use across 136 health facilities in the county, against an initial budget of Kshs. 120 million.

*d) In respect of Kisii County*

21. The Committee noted that the centralization of collection of funds at KTRH was hindering effective service delivery at satellite facilities, and preventing them from procuring essential hospital necessities in a timely manner. Members observed that there was a need to decentralize funds to enable the facilities to deliver services, improve their infrastructure and purchase necessary supplies.
22. The Committee noted serious deficiencies in record-keeping at KTRH, with poor and insufficient record management systems. The Committee established significant discrepancies between drug bin card information and actual stock levels, highlighting the need for improvement in this area.
23. During its visit, the Committee found the central store in a state of disorder with health products and supplies being stored alongside construction material. Further, the store was in a state of disrepair, with the Committee noting flooding, several leaks in the ceiling and a breaking support beam. Further, drugs and supplies were found placed directly on the damp floor, and various equipment (both new and old) appeared to have been dumped or discarded, including brand new incubators and MES equipment. In addition, the records-keeping and management system was poorly kept and insufficient.



24. High workload due to staff shortages was noted in various departments at KTRH, impacting TB, Casualty, Pharmacy, Drug Store, Newborn Unit, Laboratory, and Theater departments.
25. The Committee found multiple departments at KTRH experiencing equipment shortages and faults, such as the Casualty Department which had only one monitor, limited incubators in the Newborn Unit (NBU), and faulty machines in the renal unit. Further, in the radiology department, the CT scan and MRI machines were reported as non-functional. This had significantly hampered service delivery.
26. The Committee found that KTRH was ready to start providing cancer treatment services pending inspection and certification by the National Cancer Institute of Kenya
27. The Committee noted that KTRH lacked a blood transfusion center and depended on the National Blood Transfusion Center despite high demand for the services.
28. Record-keeping at the pharmacy at KTRH was suboptimal with the facility relying on hard copy records, and experiencing difficulties in retrieving patients' prescriptions due to the absence of an automated system.
29. The Committee acknowledged exceptional services provided at KTRH's Mortuary and ICU, which demonstrated cleanliness, operational equipment, and dedicated staff. The importance of extending this high standard of service throughout the hospital was emphasized.
30. The Committee noted that there was a lot of idle equipment at KTRH that would better serve the public by being redistributed to level IV hospitals in the County.
31. The Committee observed that the disposal of waste generated at the hospital did not meet public health standards and requirements with waste, including biological specimens being found in the open. In addition, the incinerators appeared overwhelmed.
32. The Committee noted concerns raised about allegations of patients being asked to purchase medicines from private pharmacies at the two facilities it visited in the county.
33. The Committee noted that there was a critical need for the county to address the challenges at Kenyena Sub-County Hospital e.g. lack of essential amenities in wards (curtains, blankets, mosquito nets), investigation into low turnout in maternity ward, completion of the stalled CDF kitchen project, lack of water supply etc.

## CHAPTER FOUR

### COMMITTEE RECOMMENDATIONS

Based on the foregoing, the Committee recommends that -

1. The Ministry of Health in collaboration with the Council of Governors conduct a comprehensive assessment of critical departments in county referral health facilities to quantify the staffing gaps and make recommendations for the way forward within a period of **six (6) months from the date of adoption of this Report**
2. The National Government through the Ministry of Health to take over the responsibility of post-graduate training in toto in line with the Fourth Schedule of the Constitution by the FY 2024/2025.
3. Counties to explore partnerships with academic/training institutions such as the College of Surgeon of East, Central and Southern Africa (COSECSA) for purposes of providing post-graduate training opportunities at county level as applicable.
4. The Council of Governors collaborate with the National Government through the Ministry of Health to renegotiate contracts for the retention of Cuban doctors where needed by the counties with **immediate** effect. Further, County Governments to allocate specific funds in the county budgets for their retention where applicable.
5. The Ministry of Health through the National TB Program acts with **immediate** effect to ensure that anti-TB drugs and commodities are available to counties as required.
6. The Office of the Auditor-General conducts an assessment of all county health development projects with a view towards identifying stalled projects and recommending remedial measures within a period of **three (3) months from the date of adoption of this Report**.

*a) In respect of Bomet County the Committee recommends that -*

7. The County Government of Bomet takes the necessary administrative actions to ensure that proper record-keeping measures are instituted and that all procurement requirements are followed in accordance with the law at Longisa County Referral Hospital with **immediate** effect.
8. The County Government allocate an adequate budget to provide for the expansion of the ward capacity at Longisa County Referral Hospital, the procurement of curtains and bed screens for the maternity department and the reconstruction of the sewer system within a period of **three (3) months from the date of adoption of this Report**.



9. Bomet County benchmark with Kisii Teaching Referral Hospital on its mortuary department with a view towards upgrading its equipment and improving services.
10. The Senate through the Standing Committee on Health inquire into the oxygen project by the Ministry of Health and AMREF with a view towards establishing the contractual obligations of each party, identifying challenges with the project and proposing a way forward.

***b) In respect of Nyamira County the Committee recommends that -***

11. The County Government of Nyamira acts to allocate an adequate budget for the completion and equipping of the hospital plaza and the completion of the mortuary renovations.
12. The County Government of Nyamira acts to ensure that all facilities with inpatient services are fitted with modern adjustable beds, curtains, and bed screens for the dignity and privacy of patients.
13. The County Government of Nyamira acts to increase its budgetary allocation for the procurement of drugs from Kshs. 40 million to at least Kshs. 80 million in order to adequately meet the county's needs.
14. Nyamira County benchmark with Kisii Teaching Referral Hospital on its mortuary department with a view towards upgrading its equipment and improving services.

***c) In respect of Kisii County the Committee recommends that -***

15. The County Government of Kisii acts to decentralize revenue collection and utilization to enable primary health facilities to procure essential supplies in accordance with their needs. And further, to institute transparent and accountable governance and financial systems at facility level to guarantee the efficient and effective utilization of such funds.
16. The County Government of Kisii acts to implement robust record management systems at KTRH and other facilities to ensure accurate documentation of drug inventory and stock levels, provide staff training on proper record-keeping practices, and conduct regular service audits to monitor compliance.
17. The County Government of Kisii acts to allocate funding for the immediate repair and renovation of its central stores, and to implement proper storage protocols to ensure the safe and organized storage of pharmaceuticals and medical supplies.
18. The County Government of Kisii acts to allocate funding for maintenance and repair needs at KTRH in such critical departments as the Renal Unit, Radiology Department, OPD etc.



19. The County Government of Kisii to assess and redistribute idle medical equipment stored at KTRH to Level 5 facilities where there is need for such equipment.
20. The County Government of Kisii acts to address critical infrastructure needs at Kenyena Sub-County Hospital, and other Level Four hospitals, including essential ward amenities and water supply and kitchen upgrades.
21. The County Government of Kisii to implement modern waste management practices at KTRH and other health facilities to reduce the public health and environmental impact, and ensure compliance with regulatory standards.
22. The National Cancer Institute of Kenya acts to immediately inspect and certify the provision of cancer treatment services at KTRH.

**In light of the above, the Committee resolved that -**

This report be dispatched to the Ministry of Health, the County Government of Bomet, the County Government of Nyamira , the County Government of Kisii, the Council of Governors, the Office of the Auditor General and the National Cancer Institute of Kenya for purposes of implementing its recommendations within the stipulated time periods above **from the date of adoption of this Report**

# APPENDIX I



MINUTES OF THE A HUNDRED AND TWENTIETH SITTING (ONLINE) OF  
THE STANDING COMMITTEE ON HEALTH HELD ON MONDAY 15<sup>TH</sup>  
APRIL, 2024, AT 8.30 A.M on ZOOM ONLINE PLATFORM

PRESENT

- |    |  |   |                  |
|----|--|---|------------------|
| 1. | Sen. Jackson Kiplagat Mandago, EGH, MP | - | Chairperson      |
| 2. | Sen. Mariam Sheikh Omar, MP            | - | Vice-Chairperson |
| 3. | Sen. Erick Okong'o Mogeni, SC, MP      | - | Member           |
| 4. | Sen. Joe Nyutu Ngugi, MP               | - | Member           |
| 5. | Sen. Hamida Kibwana, MP                | - | Member           |
| 6. | Sen. Esther Anyieni Okenyuri, MP       | - | Member           |

ABSENT WITH APOLOGY

- |    |                             |   |        |
|----|-----------------------------|---|--------|
| 1. | Sen. Ledama Ole kina, MP    | - | Member |
| 2. | Sen. Raphael Chimera, MP    | - | Member |
| 3. | Sen. Abdul Mohamed Haji, MP | - | Member |

SECRETARIAT

- |    |                      |   |                 |
|----|----------------------|---|-----------------|
| 1. | Dr. Christine Sagini | - | Clerk Assistant |
| 2. | Ms. Florence Waweru  | - | Clerk Assistant |
| 3. | Mr. Mitch Otoro      | - | Legal Counsel   |
| 4. | Mr. David Muthuri    | - | Intern          |

MIN/SEN/SCH/688/2024

PRELIMINARIES

The meeting was called to order at 8.45 a.m. with a word of prayer from the Chairperson.

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MIN/SEN/SCH/689/2024

ADOPTION OF THE AGENDA

The Agenda was adopted as proposed by Sen. Hamida Kibwana, MP and seconded by Sen. Erick Okong'o Mogeni, SC, MP as follows-

1. Prayer
2. Adoption of the agenda;
3. Consideration and adoption of Committee mini reports on Inspection and familiarization visits of select health facilities in Counties undertaken during the Second Session as below-
  - a) Vihiga and Kisumu Counties;
  - b) Bomet, Nyamira and Kisii Counties and;
  - c) Westpokot, Transnzoia and Turkana Counties
4. Any other business; and
5. Adjournment/Date of the Next Meeting.

MIN/SEN/SCH/690/2024

CONSIDERATION AND ADOPTION OF  
COMMITTEE MINI REPORTS ON  
INSPECTION AND FAMILIARIZATION  
VISITS OF SELECT HEALTH FACILITIES IN  
COUNTIES UNDERTAKEN DURING THE  
SECOND SESSION

The Committee considered reports on Vihiga & Kisumu Counties and the Bomet, Nyamira & kisii Counties. It was generally observed and recommended that there needs to be a budget review by all Counties so as to allocate more funds to their respective health functions and further that all health facilities should be equipped with curtains, recommended ward beds and bed nets while also ensuring the facilities have running water, electricity and an overall improved security surveillance.

MIN/SEN/SCH/691/2024

ANY OTHER BUSINESS

Due to time constraints, the Committee resolved to postpone the consideration of the report on the Westpokot, Transnzoia and Turkana Counties and further the overall adoption of all reports to Tuesday, 16<sup>th</sup> April, 2024.

MIN/SEN/SCH/692/2024

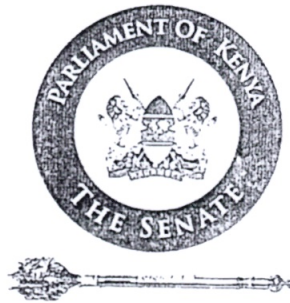
ADJOURNMENT

There being no other business, the meeting was adjourned at 11.45 a.m. The next meeting will be by notice.

SIGNED: .....  
CHAIRPERSON

DATE: 14/05/2024 .....





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

PRESENT

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

ABSENT WITH APOLOGY

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

SECRETARIAT

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

MIN/SEN/SCH/698/2024

PRELIMINARIES

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

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

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

CONSIDERATION AND ADOPTION OF  
COMMITTEE REPORTS ON THE  
FOLLOWING-

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

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

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

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

MIN/SEN/SCH/701/2024

ANY OTHER BUSINESS

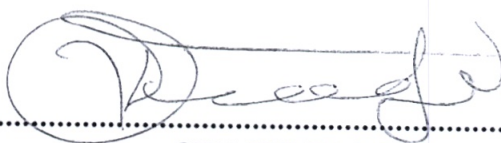
The Committee resolved to postpone the inspection tour of select health facilities in Nairobi City County that had been scheduled for Monday, 22<sup>nd</sup> April, 2024 in light of the unfortunate military craft accident involving the Chief of the Defence Forces on Thursday, 18<sup>th</sup> April, 2024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

MIN/SEN/SCH/702/2024

ADJOURNMENT

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

SIGNED: .....



CHAIRPERSON

DATE: .....

22<sup>nd</sup> / April / 2024





**MINUTES OF THE NINETY-THIRD SITTING OF THE STANDING COMMITTEE ON HEALTH HELD ON MONDAY, 30<sup>TH</sup> OCTOBER, 2023, AT 9.00 A.M. IN BOMET COUNTY**

**PRESENT**

- |   |   |  |
|---|---|--|
| 1. Sen. Jackson Kiplagat Mandago, EGH, MP | - | <b>Chairperson</b>                     |
| 2. Sen. Erick Okong'o Mogeni, SC, MP      | - | Member                                 |
| 3. Sen. Joseph Nyutu Ngugi, MP            | - | Member                                 |
| 4. Sen. Hamida Kibwana, MP                | - | Member                                 |
| 5. Sen. Esther Anyieni Okenyuri, MP       | - | Member                                 |
| 6. Sen. Wakili Hillary Sigei, MP          | - | Area Senator (Friend to the Committee) |

**ABSENT WITH APOLOGY**

- |                                |   |                         |
|--------------------------------|---|-------------------------|
| 1. Sen. Mariam Sheikh Omar, MP | - | <b>Vice-Chairperson</b> |
| 2. Sen. Ledama Olekina, MP     | - | Member                  |
| 3. Sen. Raphael Chimera, MP    | - | Member                  |
| 4. Sen. Abdul Mohamed Haji, MP | - | Member                  |

**SECRETARIAT**

- |                         |   |                  |
|-------------------------|---|------------------|
| 1. Dr. Christine Sagini | - | Clerk Assistant  |
| 2. Ms. Florence Waweru  | - | Clerk Assistant  |
| 3. Ms. Brenda Wekesa    | - | Research Officer |
| 4. Ms. Lilian Onyari    | - | Fiscal Analyst   |
| 5. Mr. Victor Kimani    | - | Audio Officer    |
| 6. Mr. Josephat Ngeno   | - | Media Relations  |
| 7. Ms. Valerie Anyanje  | - | Intern           |
| 8. Mr. Ibrahim Mohamed  | - | Sergeant-at-arms |

## **IN-ATTENDANCE**

- |                            |   |   |
|----------------------------|---|---|
| 1. Dr. Joseph Sitonik      | - | County Executive (CECM)                 |
| 2. Ms. Milcah Rono         | - | Ag. Chief Officer Health Services(COHS) |
| 3. Dr. Adrew Cheruiyot     | - | Medical Superintendent                  |
| 4. Mr. Felix Lang'at       | - | Hospital Administrator                  |
| 5. Hon. Stephen Changmorik | - | Chair County Health Committee           |
| 6. Hon. Cheptoo Roseline   | - | Member County Health Committee          |
| 7. Hon. Ruto Richard       | - | Member County Health Committee          |
| 8. Hon. Mutai Peter        | - | Member County Health Committee          |
| 9. Hon. Kibet Ngetich      | - | Member County Health Committee          |
| 10. Hon. Kiptoo            | - | Member County Health Committee          |

## **MIN/SEN/SCH/516/2023**

## **PRELIMINARIES**

The Chairperson of the County Assembly Health Committee extended a warm welcome to the Senate Committee on Health on behalf of the County Assembly, Health Committee.

The Chairperson, Senate Health Committee opened the meeting underscoring the necessity of effective devolution oversight noting that the senate inspections was to ensure quality services, understand challenges faced by Bomet County, plans they have in place for Universal Health Coverage rollout, and financial progress in facilities, emphasizing transparency in fund utilization.

The Chair further informed that the visit's aim was to ensure adherence to intended processes and identify challenges therein in the health sector. He observed that challenges can be resolved through resource addition, enabling legislatives, or policy adjustments and collaborative efforts for the citizens' benefit. He emphasized a good working synergy is needed among the County's health committee, National Health Committee, and Senate Health Committee to maximize benefits for Bomet County and the people of Kenya.

The Chair further reassured the staff that regarding human resources matters the newly established Kenya Health Human Resource Advisory Council should be given an opportunity to review the policies noting that the board serves as an advisory to both the National and



County Governments on staffing and welfare matters and thus aiming to ensure citizens receive affordable and quality healthcare.

**MIN/SEN/SCH/517/2023**

**VISIT TO LONGISA COUNTY  
REFERRAL HOSPITAL**

The Committee observed the following;

**a) Mother-Child Clinic**

Providing antenatal services, including family planning, CS screening, and HIV testing triage and a Maternal and Child Health (MCH) unit, equipped with a small laboratory for clinician examinations, comprising of 7 staff members i.e 3 nurses in the nutrition department, 3 clinicians for pediatrics and sick mothers, and 1 lab technician, each working 8 hours per day. Triage services for mothers revealed a staff shortage, with 9 rooms for mothers and babies served by 6 nurses, indicating a deficiency of 3 staff members.

**b) CT Scan Centre**

With four staff members who were on duty during the visit. The facility offers diverse payment options, including NHIF billing and cash payments of Ksh. 6000 for non-NHIF patients, accommodating approximately 10-15 patients. Notably, they observed that the X-ray, theatre equipment, and CT scan were components of the Medical Equipment Services (MES) provided by General Electric (GE) company and experiences occasional down times. Particularly encountering difficulties in generating picture reports, primarily attributed to network issues.

**c) Ultrasound**

The ultrasound, which was part of the MES equipment, catering to around 60 patients daily, operating with a 24-hour, 10-member staffs. The facility observed that they had recently experienced a two-week downtime due to software and battery issues, hence using a mobile MES unit.

**d) Laboratory**

The department consisted of 21 staff, with 3 under UHC and 17 in permanent positions, including only one lab technician. Six staff members were present during the daytime. The 24-hour laboratory conducted 150 routine and special tests daily. Specialized services recently introduced were ICU, Arterial Blood Gas tests, and Special Chemistry and reagents for the laboratories. Notably, this had lead to minimized referrals.

The facility further relies on the National TB Program for support. At the time of the visit, the facility had been without cartridges for two weeks to detect tuberculosis-causing mycobacteria. They resorted to using microscopy as an alternative. However, they observed having ordered the cartridges supplies from the National TB Program, supported by KEMSA, which delivers to the counties. With regards to funds used during emergencies, they submitted that emergency funds are sourced from AIE.

e) **Store**

The store had poor records making it nearly impossible to clearly trace incoming and outgoing products.

f) **Theatre**

There was a main theatre, a maternity theatre, and an oncology theatre equipped with anesthetic machines, operating and pandemic tables. Despite this, the department faced workforce constraints.

There were 5 orthopedic surgeons, 2 general surgeons, and 1 anesthetist in the main theatre. The maternity ward usually handles 540 patients in a month with a bed capacity of 39, including deliveries and gynecological cases. During the visit, 46 patients were present, indicating a need for more beds and staffing. The ward had 13 nurses, 2 gynecologists, 4 doctors, 2 medical officer interns, and 10 clinical officer interns with Two doctors and 3 to 2 nurses per shift, handling 15 to 20 deliveries daily. The wards, usually have 90% occupancy leading to bed sharing. At the time of the visit 5 nurses were on study leave.

g) **Intensive Care Unit (ICU)**

It had 2 ventilators, 13 nurses, including 3 ICU nurses, and 5 specialists and 3 pediatricians. They submitted that there was uncertainty regarding the continuation of the Cuban doctors' contracts, as they are approaching the end of their MOU.

h) **Renal Unit**

The unit consists of 5 nurses, 2 medical officers, and 1 nutritionist, along with 2 biomedical engineers with all nurses trained. There were a total of 11 machines, with 3 currently not operational. Of these, 8 were provided by the county, and 6 were supplied by MES. The challenge however lay in the extended time taken for machine servicing, ideally recommended every 6 months.

i) **Store/Procurement**

The unit at the time of the visit was receiving KEMSA stock and was in the final stages of inspection by an acceptance committee. However, the store faced a challenge in producing its own request documentation for comparison with the received items from KEMSA. Despite having a softcopy from the online ordering system, numerous essential drugs and non-pharmaceuticals requested from KEMSA were not supplied. The chair requested the facility to submit the order details for what was placed and what had not been fulfilled. The facility also highlighted a national shortage of anti-TB drugs.

j) **Mortuary**

The facility acknowledged the consideration of arterial embalmment but reported using a modified method in the embalming process. However, that was deemed outdated by the committee. The committee advised the facility to benchmark in Ahero Sub county hospital morgue preservation technique, which involved draining the body fluids followed by pressurized pumping without refrigeration, allowing the body to be preserved for up to 21 days. However, the facility submitted that a comprehensive plan



for mortuary expansion, contingent on constructing a water pumping station, was in progress, with a prepared Bill of Quantities (BQ).

**j) Oxygen Plant**

Producing 9,000 liters per hour with a single cylinder of 50 kgs. They submitted that they had recently received a 3,000-liter liquid oxygen plant from the Ministry of Health through AMREF. Initially being informed that it would be refilled for free, however after a two-week use, AMREF declined to refill, stating that the hospital was responsible for refilling.

**MIN/SEN/SCH/518/2023**

**POST BRIEFING MEETING AT  
GOVERNOR'S OFFICE.**

The Governor extended a warm welcome to the committee thanking them for the decision to undertake the oversight visit.

**Chairperson- Senate Health Committee remarks**

The Chair remarked that the committee had had a successful visit to Longisa County Hospital. Unfortunately, the committee was unable to visit the mother and child wellness center due to time constraints due to the scheduled visit to Nyamira Level 4 Hospital. The meeting was informed on the following;

**a) Senate Health Committee observations and recommendations**

- a) Longisa was recognized for its commendable performance in clinical services and treatment, receiving an impressive score of 80%.
- b) The committee noted that they observed challenges in record maintenance, observing that during the visit, that the record-keeping system was somewhat disorderly. Discrepancies were identified for instance, that information on bill cards did not align with the actual stock. Additionally, there were issues with the flow of items between the laboratory, storage area, and the counter pharmacy, posing a significant challenge.
- c) Concerning procurement, it was observed that the facility's receiving process did not align with the Public Procurement and Disposal Act. The Act requires an inspection and acceptance committee, appointed with a threshold of at least four people. Notably, the facility was relying on KEMSA records instead of maintaining their own records for comparison with received items. Furthermore, it was noted that KEMSA's fill rate for essential drugs was remarkably low. The committee committed to addressing this matter with KEMSA directly. Additionally, irregularities were identified in the procurement process, as some of the procurement officers were found to have expired procurement licenses. The committee noted that it highlights a need for rectification in the procurement procedures.
- d) That the facility, required expansion, with the current design of the wards, with a capacity intended for 64 patients, was insufficient as the actual patient load extended to 120. This had resulted in congestion, emphasizing the urgent need

for an expansion of the facility to accommodate the higher patient volume effectively.

- e) A positive observation was made in the renal area, where the provision of additional equipment by the county was recognized as a commendable effort. The committee believed that counties had reached a level where they could independently design their management equipment processes to ensure the availability of necessary equipment for medical use. Moreover, the committee recommended that the county consider acquiring a nephrologist to enhance the medical expertise and services in the renal department.
- f) The committee emphasized the critical importance of cohesiveness and concurrent growth in human resource development, particularly noting the need for comprehensive training opportunities for both doctors and other staff members. It was observed that in some visited counties, only doctors were undergoing training, while nurses, clinical officers, and other staff categories were excluded from such developmental programs. The committee stressed the significance of inclusive training initiatives to ensure a well-rounded growth and professional development of all healthcare personnel.
- g) The committee noted that while the mortuary was clean, its size however remained inadequate. There was a pressing need for expansion, along with the acquisition of equipment for fluid extraction and treatment of bodies. It was suggested that this could be addressed through the Facility Improvement Fund, which had already been approved. The fund could then be utilized to facilitate the expansion of the mortuary and the procurement of necessary equipment to enhance its capabilities.
- h) The committee further identified the T.B sector as a critical area that required immediate attention from the county. There were shortages of reagents and consumables which not only adversely affected the county but also contributed to the global challenge of T.B, a concern aligned with the goals of WHO and SDGs aimed at eliminating tuberculosis. Despite orders being placed for the needed consumables, the facility had not received timely supplies additionally despite support from the donors and the National government program, there were delays in the provision of essential items. The committee stressed the urgency for the County's intervention to ensure the continuous operation of the T.B service, preventing interruptions in the treatment of T.B patients.
- i) Further, there was need to re-construct the sewer system and recognize its need for attention. Although it was explained that the delay was occasioned by a land, the committee recommended steering away from the septic tank approach and use an alternative that not only promoted environmental friendliness but also presented an opportunity for the county to explore a solution that was cost-effective in the overall establishment process.



- j) The committee observed that the number of interns exceeded the number of patients, resulting in a teacher-intern to patient ratio that was not proportional. Despite this, the committee acknowledged that the excess interns provided additional human resources to support the health system, which was deemed beneficial to the county. To address the crowding issue and further leverage the advantages of having interns, the committee recommended that the county could consider setting up another hospital to ease the patient load at Longisa and optimize the benefits of having interns in the healthcare system.
- k) The committee observed that the maternity wing was commendably clean, equipped with three delivery beds. However, concerns were raised about the postpartum and postnatal section where mothers were sharing beds. Additionally, there was lack of privacy in the general ward with no demarcations or curtains in the maternity area, leaving it open. The committee informed that they were assured by the County Executive Committee (CEC) that the issue of curtains and cabins would be addressed within 30 days. Additionally, that there was a challenge in human resources that needed immediate attention.
- l) Further, the committee noted that the facility had four surgeon doctors and two-unit theaters. They advised the county to consider increasing the number of theater units to maximize the use of available human resources.
- m) The committee observed that the decision regarding the Cuban doctor in the Intensive Care Unit (ICU) rested with the county. The county could either choose to train someone else to replace the Cuban doctor in the ICU or decide to retain the Cuban doctor as part of the county's medical personnel.
- n) The committee further informed that they had requested records of expired drugs from the facility, recognizing a tendency for KEMSA to over-supply certain commodities. The committee expressed its commitment in assisting counties to resolve the issue to ensure the availability of essential commodities.

The governor expressed appreciation for the comments from the Senators, conveying a commitment to embrace constructive feedback. Similarly, in areas where improvements were needed, the county pledged to proactively seek ways to enhance their performance, reflecting a continuous commitment to progress and improvement. He further submitted as follows

1. That the County expressed hope in elevating Longisa Referral Hospital, currently a level 4 facility to a level 5 and further noting that the new mother-child facility, scheduled for completion in November 2023, facility aimed at alleviating congestion, particularly in the maternity sector;
2. Regarding administrative challenges, the governor expressed confidence that the facility could readily address issues related to record-keeping and ensuring proper processes, particularly in drug procurement. He requested a

report from the facility within a two-day period to assess and address these concerns promptly.

3. Regarding sewerage, the governor mentioned an ongoing dispute with a court case, assuring that a resolution was forthcoming
4. He informed that there was to be a budget allocation to address the mortuary upgrading matters;
5. Further, he agreed that the delivery room faced challenges, including mothers sharing beds and privacy issues. Further mentioning that vocational training centers had been tasked to produce curtains which were expected to be ready by March 2024. Additionally, he acknowledged the need for improvements, particularly in replacing old cabins.
6. The Governor additionally, emphasized the need to re-negotiate with the National Government to retain the Cuban doctors, acknowledging the positive impact to the health sector.
7. The Governor highlighted challenges with equipment, specifically citing issues with the CT scan due to contractual problems. He expressed dissatisfaction with the responses received when the county faced equipment-related problems, despite substantial financial investments ranging from 200 to 210 million.

**MIN/SEN/SCH/519/2023**

**ANY OTHER BUSINESS**

The county extended gratitude to the committee for their visit and committed to addressing the raised issues, emphasizing Bomet's readiness to implement Universal Health Coverage (UHC) with a substantial number of community health promoters.

There being no other business, the committee proceeded to Nyamira County.

**MIN/SEN/SCH/520/2023**

**ADJOURNMENT**

There being no other business, the meeting was adjourned at 3. 00 p.m. The next meeting will be on notice.

SIGNED: .....  
CHAIRPERSON

DATE: ..... 14/05/2024





**MINUTES OF THE NINETY-FOURTH SITTING OF THE STANDING COMMITTEE ON HEALTH HELD ON MONDAY, 30<sup>TH</sup> OCTOBER, 2023, AT 4.00 P.M. AT NYAMIRA COUNTY**

**PRESENT**

1. Sen. Jackson Kiplagat Mandago, EGH, MP	-	<b>Chairperson</b>
2. Sen. Erick Okong'o Mogeni, SC, MP	-	Member
3. Sen. Joseph Nyutu Ngugi, MP	-	Member
4. Sen. Hamida Kibwana, MP	-	Member
5. Sen. Esther Anyieni Okenyuri, MP	-	Member

**ABSENT WITH APOLOGY**

1. Sen. Mariam Sheikh Omar, MP	-	<b>Vice-Chairperson</b>
2. Sen. Ledama Olekina, MP	-	Member
3. Sen. Raphael Chimera, MP	-	Member
4. Sen. Abdul Mohamed Haji, MP	-	Member

**SECRETARIAT**

1. Dr. Christine Sagini	-	Clerk Assistant
2. Ms. Florence Waweru	-	Clerk Assistant
3. Ms. Brenda Wekesa	-	Research Officer
4. Ms. Lilian Onyari	-	Fiscal Analyst
5. Mr. Victor Kimani	-	Audio Officer
6. Mr. Josephat Ngeno	-	Media relations
7. Mr. Mohammed Ibrahim	-	Sergeant-at-arms

**IN-ATTENDANCE (in attendance sheet attached)**

**MIN/SEN/SCH/521/2023**

**PRELIMINARIES**

The committee resolved to commence with Nyamira hospital visit and then have a debriefing meeting at the Governor's office. Enroute to the hospital the committee resolved to do an impromptu visit to Ekerenyo Health center to assess its service delivery and general operations.

**MIN/SEN/SCH/522/2023**

**VISIT TO EKERENYO SUB-COUNTY HOSPITAL**

**a) Maternity Ward**

The committee observed that there were three beds available, but an ongoing maternity wing construction for facility expansion was underway, supported by the National government and the Finland government. The committee noted that privacy of the patients was compromised due to lack of curtains, prompting the need for improvement in that aspect.

**b) Male Ward**

The committee noted that the male ward had no windows and curtains.

**c) Laboratory**

It was a 24-hour laboratory with two staff members. The Lab. efficiently handles a range of medical tasks, specializing in Hematology tests, malaria, typhoid while utilizing a streamlined system. Notably, they requisition using a business card, ensuring effective record management. Additionally, their adept handling of drug supplies ensures that the facility is well-stocked for various medical needs.

**MIN/SEN/SCH/523/2023**

**VISIT TO NYAMIRA COUNTY REFERRAL HOSPITAL.**

The following sections were visited and observations therein were as follows;

**a) Pharmacy**

The pharmacist in charge took members through the drugs available at the hospital including drugs for non-communicable diseases. The management team also confirmed that the hospital got drugs from KEMSA and that the hospital had two pharmacy stores, classified for oral drugs and for injectable.



The KEMSA fill rate was reported to be at 60% an improvement from 45%. The fill rate for the essential drugs was reported to be at 40% with the last consignment of drugs coming in August 2023 and they received drugs worth Ksh. 13 million compared to an order of Ksh.25 million; with the hospital having paid only Ksh. 2.5 million.

On the stock control, the hospital was using the HMIS system from the Ministry of Health. The committee also conducted a pin check of the drugs that were available in the store. The committee also noted that the drugs that were in the hospital were not branded as GOK to avoid the medicine getting to the private pharmacies. The pharmacist indicated that the drugs from KEMSA were usually branded but in some cases they were not and that they had raised this concern with KEMSA.

On the expired drugs, the pharmacist indicated that they had a room where they separate the expired drugs for the facility and the register of the same was with the public health officer and that there was a process of disposing the expired drugs.

The pharmacist also confirmed that she receives the drugs that have been procured by the facility jointly with the inspection team. The chair also requested for the acceptance form for the last procurement and was provided. The chair also indicated to the management team of the importance of counter checking on what they ordered against what was supplied to minimize the tendency of KEMSA supplying what was not ordered.

The Chief officer indicated that the county had budgeted Ksh. 40 million for the purchase of drugs across the 136 health facilities in the county. The chief officer indicated that the initial request was Ksh. 120 million. The Nyamira county referral hospital through the Facility Improvement Fund had budgeted for Ksh. 42 million against their annual target collection of Ksh. 200 million.

#### **b) Laboratory**

That offered an array of services such as; parasitology, hematology, renal tests liver tests, Endocrine tests among others. The committee was further informed that the

laboratory services offered were chargeable at affordable rates while others were free. Notable was that the lab was well equipped with reagents.

**c) Store for Laboratory reagents**

The committee observed that the store was a bit congested.

**d) Maternity wing**

The maternity section had 1 gynecologist, 4 medical officers, 14 nurses, 6 clinical officer interns, 1 medical officer intern. On a weekly basis there were approximately 43 deliveries, 13 being caesarian sections. The hospital recorded 100-200 deliveries monthly with a ward bed capacity of 42. It was also observed there was a new born unit with low mortality rates. The committee further observed that there were no mosquito nets an indication there was no privacy for the mothers.

**e) Mortuary**

The mortuary was observed to be under renovation and the management indicated that the facilities that were in the mortuary were not working including the fridges.

The chair of the committee urged the chair of the board of management to Strick and ensure the renovations are done and services are resumed.

**f) Covid centre**

Which was constructed 5 years ago but was partially operational. The facility lacked equipment to make it fully operational. The management however assured the committee that the inpatient services in the facility would be available as from January 2024. The center had been built to ease the congestion at the main hospital.

**MIN/SEN/SCH/524/2023**

**POST BRIEFING MEETING AT  
GOVERNOR'S OFFICE.**

The governor welcomed the committee and thanked the committee for their visit in the various health facilities.

The Chair, Senate health committee highlighted the work of the committee with regards to overseeing the functioning of health facilities in all counties. Further emphasizing the role, the senate can play to ensure that counties are properly supported in executing their mandate.

The committee gave the following observations and recommendations;

**Ekerenyo Sub County Hospital**



The Committee observed that the facility is a level 4 and should be operating as a sub county referral but the committee noted that:

1. There were few staff in the center, seemingly some had left for the day, probably an indication of low staff morale.
2. The hospital had very few patients especially in labour ward, where at the time of the visit there was only one patient further observing there was no privacy in the wards since there were no curtains. The committee therefore recommended that curtains be put up.
3. The hospital was fairly staffed but the uptake of the services by the public was of concern which the committee recommended that the county management team look into.
4. The cleanliness of the facility was up to standard and commendable
5. The pathways of the hospital needed to be repaired and if possible be sheltered in case of the rains

#### **Nyamira County Referral Hospital**

The Committee observed and recommended as follows;

1. That the drugs store was well stocked an indication the hospital had a good supply of the drugs, however there was a poor record management system that needed to be improved on;
2. Stocking of the drugs was not consistent and the committee recommended on increasing their fill rate especially on the essential drugs.
3. The maternity staffing was fairly good however it was recommended that curtains be installed to improve privacy among the mothers;
4. That the covid centre/ doctor's plaza should be completed and be well equipped to optimize operations and ease congestion;
5. That the mortuary should be re-opened to accommodate people who cannot afford the morgue services at private facilities.
6. The committee further recommended that training needed to be harmonized in all cadres of doctors so as to improve their expertise and as a morale booster across the whole sector;
7. The allocation of money for the purchasing of the drugs was too low to supply the county with the required drugs.

The Chairperson, Senate Health committee then invited the union representatives to make a brief submission;

**Submission from union representatives**

The union representative indicated they had a good working relationship with the county and urged the senate to ensure that the counties get enough resources to support devolution as much has been gained since devolution started. They however raised an issue regarding inter-county transfers and indicated that it was difficult for someone to be granted transfers, to which the chairperson, senate health committee reiterated that such issues can be handled by both the county and the Kenya Health Human Resource Advisory Council.

On the issues raised, the Governor then responded and assured the committee as follows;

1. He urged the senate to support KEMSA and ensure they are able to supply the drugs as required
2. He assured the committee that the doctors plaza would be operationalized soon
3. The governor also indicated on the issue of the mortuary that they will ensure that the renovations are completed and the mortuary is back in use.
4. With regards to the budget allocation for drugs, the governor assured the committee that the allocation would be increased from Ksh. 40 million to Ksh. 80 million in the supplementary budget.

**MIN/SEN/SCH/525/2023**

There was no other business.

**ANY OTHER BUSINESS**

**MIN/SEN/SCH/526/2023**

**ADJOURNMENT**

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

SIGNED: .....

CHAIRPERSON

DATE: .....

14/05/2024





**MINUTES OF THE NINETY-FIFTH SITTING OF THE STANDING  
COMMITTEE ON HEALTH HELD ON FRIDAY, 3<sup>RD</sup> NOVEMBER, 2023, AT  
10.00 A.M AT KISII COUNTY**

**PRESENT**

- |   |   |  |
|---|---|--|
| 1. Sen. Jackson Kiplagat Mandago, EGH, MP | - | <b>Chairperson</b>                         |
| 2. Sen. Erick Okong'o Mogeni, SC, MP      | - | Member                                     |
| 3. Sen. Joseph Nyutu Ngugi, MP            | - | Member                                     |
| 4. Sen. Esther Anyieni Okenyuri, MP       | - | Member                                     |
| 5. Sen. Richard Onyonka, MP               | - | Area Senator (Friend to<br>the Committee.) |

**ABSENT WITH APOLOGY**

- |                                |   |                         |
|--------------------------------|---|-------------------------|
| 1. Sen. Mariam Sheikh Omar, MP | - | <b>Vice-Chairperson</b> |
| 2. Sen. Ledama Olekina, MP     | - | Member                  |
| 3. Sen. Raphael Chimera, MP    | - | Member                  |
| 4. Sen. Abdul Mohamed Haji, MP | - | Member                  |
| 5. Sen. Hamida Kibwana, MP     | - | Member                  |

**SECRETARIAT**

- |                         |   |                  |
|-------------------------|---|------------------|
| 1. Dr. Christine Sagini | - | Clerk Assistant  |
| 2. Ms. Florence Waweru  | - | Clerk Assistant  |
| 3. Ms. Lilian Onyari    | - | Fiscal Analyst   |
| 4. Ms. Annette Khayela  | - | Research Officer |
| 5. Mr. Victor Kimani    | - | Audio Officer    |
| 6. Mr. Josephat Ng'eno  | - | Media Officer    |
| 7. Ms. Hawa Abdi        | - | Sergeant at Arms |

## **IN-ATTENDANCE**

- |                         |                         |
|-------------------------|-------------------------|
| 1. Governor Simba Arati | - Governor Kisii County |
| 2. Mr. Ronald Nyakweba  | - CECM Health           |
| 3. Mr. Otucho J. Oburu  | - Chief of Staff        |
| 4. Ms. Gladys Aminga    | - Chief Officer Health  |
| 5. Hon Henry Moracha    | - Leader of Majority    |
| 6. Hon. Shem Nyamweya   | - MCA                   |
| 7. Hon Richard Nanani   | - MCA                   |
| 8. Hon. Wycliff Sircha  | - MCA                   |
| 9. Hon. Michael Motuma  | - MCA                   |
| 10. Hon. Malack Matara  | - MCA                   |
| 11. Prof. Joseph Abuya  | - KTRH, Board Member    |
| 12. Dr. Oimeke Maruta   | - CEO, KTRH             |

## **MIN/SEN/SCH/527/2023**

## **PRELIMINARIES**

The committee resolved to kick start the activity with the Hospital tour and then finish off with a briefing at the Governor's office.

## **MIN/SEN/SCH/528/2023**

## **VISIT TO KISII TEACHING REFERRAL HOSPITAL(KTRH)**

1. The Committee was briefed on the status of outpatient services at KTRH. The hospital served 60-70 outpatient patients daily from Kisii, Nyamira, Homabay, and Trans Mara regions.
2. The Committee commended the hospital for taking in interns and students, acknowledging its contribution to practical learning and professional development.
3. The committee expressed concern over the suboptimal conditions of the minor outpatient theater and recognized the need for urgent repairs and maintenance. In addition, the nursing section had suboptimal furniture, which created a non-conducive working environment for nurses. The Committee also noted peeling tiles in theater and ICU section, leaking ceiling at the drug store and faulty CCTV at the pharmacy.
4. On staff shortage, the Committee noted high workload in various departments including the oncology, pharmacy, laboratory, drug store, main theatre, casualty section, renal unit, and New Born Unit (NBU) owing to staff shortage. The hospital also lacked specialists in some departments.
5. The facility raised concern on limited and faulty equipment in various department. For instance, the Committee noted that the Casualty Department had one monitor, which hindered service delivery. The New Born Unit had limited incubators as it received up to 80 patients, exceeding its capacity of 30. In the renal unit out of 12 machines, 5



were faulty, hindering service delivery. In addition, the CT scan and MRI machine in the radiology department were not working.

6. The committee was briefed on the current state of pharmacy operations at Kisii Teaching and Referral Hospital (KTRH). It was noted that medicines were sourced through the Medicine Committee from the Kenya Medical Supplies Authority (KEMSA) and other private firms. KEMSA refill rate was at 60%, with essential drugs covering 50%.
7. The Committee further noted that the pediatric drugs consumed a significant portion of drug budget of KTRH. These drugs were provided free of charge to patients, leading to shortages in the section.
8. Given the challenges faced in the pharmacy, it was suggested that the Committee to make a formal request to the County for additional financial support to ensure availability of pediatric patients' medications.
9. The pharmacy relied on hard copy records which posed difficulties in tracking and managing drugs inventory. In addition, the pharmacy faced challenges in retrieving patients' prescriptions due to absence of an automated system in the hospital.
10. The Committee raised concerns on allegation that the pharmacy asked patients to purchase medicine from outside sources. The pharmacy administration clarified that no patients had been instructed to purchase medicine from outside. Instead, in cases where a particular drug was unavailable, a requisition was generated and forwarded to the procurement department.
11. The Committee was informed that the Inspectorate Department was in place to monitor the movement of drugs in the hospital. The officers in the department utilized bin cards that contained information on the person who requested supplies, quantity of drugs supplied, and the remaining drugs at the store.
12. Concerns were raised about idle Medical Equipment and Supplies (MES) equipment within the facility. The committee sought information on the specific equipment that was identified as idle and the reasons behind their inactivity.
13. The Committee observed congestion in the Neonatal Unit (NBU) and Intensive Care Unit (ICU), owing to high influx of referral patients.
14. Further the Committee noted that the hospital lacked a blood transfusion center and depended on the National Blood Transfusion Center.
15. The Committee observed suboptimal performance of the oxygen machine, affecting the theater operations during blackouts.

The Chairperson and other Committee members introduced themselves, stating the purpose of their visit to Kenyena Sub-County Hospital. The objectives included, assessing the state of the health facility, identifying challenges, and providing recommendations, while overseeing the executive for effective service delivery.

1. The committee noted that the hospital was clean and had optimal structures but was underutilized. Most of the wards, including male and female, were operational. However, the maternity and postnatal wards had no patients.
2. During the assessment of the hospital's infrastructure, the Committee made several critical observations regarding the conditions within the wards:
3. beds were in suboptimal conditions (not adjustable for patients' comfort).
4. Some wards lacked curtains, mattresses and blankets, which impacted the overall patient experience.
5. Absence of toilets and bathrooms within the wards.
6. Rusty cabinets
7. Further, the facility's kitchen was non-operational forcing patients' relative to either purchase or bring food from home. The hospital relied on external pit latrines and bathrooms for its wards, and a CDF project had stalled.
8. The Committee observed an inadequate water supply to the hospital wards due to a defective pump at the hospital's borehole. This made the hospital to rely on the expensive Kenyena Community Water Project for water supply.
9. Regarding revenue collection, the Committee observed that the hospitals did not manage their own revenue. Instead, the County maintained a centralized account for revenue collection at KTRH, hindering other facilities from procuring essential needs or improving their facilities.
10. The Committee praised the hospital's store for being well-organized, clean and with an up-to-date record. However, the facility noted that they experienced inadequate drug supplies which made patients to buy majority of medicines from external sources.
11. The Committee observed the absence of an in-charge at the hospital and emphasized the importance of hospital managers being present to receive feedback on areas for improvement.



The Governor welcomed Committee members to Kisii County and apologized for any inconveniences. He introduced himself and other executive members present. Subsequently, he invited the Chairperson of the Senate Health Committee to introduce himself and his team.

1. The committee observed that the centralized collection of funds at KTRH hindered other facilities from procuring basic hospital necessities. Members emphasized the need to decentralize funds to enable facilities to purchase essential needs and improve their facilities.
2. The Committee raised concerns about KTRH's record management system, noting that it was poorly kept and insufficient. A serious lapse in record-keeping system underscored the inadequacy. For instance, out of 10 drug bin cards, only one was up to. Additionally, the Committee noted a significant variance between the information on the bin cards and the actual stock in the store.
3. Further, the Committee observed disorder in the storage of non-pharmaceuticals and liquid medicines at KTRH, as they were stored alongside construction remains. Additionally, the drug storage area had a leaking ceiling.
4. The Committee acknowledged and applauded the exceptional services provided by KTRH's Mortuary and Intensive Care Unit (ICU), emphasizing their high standard of cleanliness, operational equipment, and dedicated staff. The importance of extending this high standard of service throughout the entire hospital was also underscored.
5. The Committee noted high workload experienced at KTRH's TB, Casualty, Pharmacy, Drug Store, Newborn Unit, Laboratory, and main Theater departments owing to staff shortage.
6. On maintenance and repair, the Committee noted the necessity to address floor peelings in the ICU and theater, install CCTV in the pharmacy, and repair the five non-operational machines in the Renal Unit at KTRH.
7. The committee highlighted the presence of idle Medical Equipment and Service (MES) at KTRH's drug store and recommended redistribution of these equipment to level IV hospitals in the County.
8. The Committee noted the absence of essential amenities in the KTRH and Kenyena Sub-County Hospital's wards, including curtains, warm blankets,

and mosquito nets, emphasizing their significance for patient comfort and well-being.

9. Members raised concerns about the low turnout in maternity ward at Kenyeny Sub-County Hospital. The Committee suggested investigating whether factors such as family planning or home conceiving could be influencing the low turnout.
10. Members raised concerns about the abandoned Constituency Development Fund (CDF) project at Kenyeny Sub County Hospital.
11. The committee noted the lack of water at Kenyeny Sub County Hospital and identified the need to replace a broken pump as a priority to ensure consistent water supply.
12. Concerns were raised about the non-operational kitchen at Kenyeny Sub County Hospital, which is impacting patient nutrition. Patients were forced to purchase food from outside or have relatives bring food from home.
13. The Committee emphasized on need to modernize pit latrines at Kenyeny Sub County Hospital for improved hygiene and sanitation.
14. The committee underlined the need of branding drugs to deter theft or smuggling, ensuring the security of pharmaceuticals within the County hospitals. In addition, the Committee emphasized on digitize pharmacy records to enhance drug traceability and streamline inventory management.
15. In response to issues raised by the Committee, the Governor stated that the County successfully automated the hospitals' revenue collection system, resulting in an increase from 47 million to 179 million KES.
16. He noted that the County had initiated changes in hospital management systems to including the mortuary to address challenges faced by the previously unstructured KTRH.
17. The Governor further noted that the County had planned to purchase a new oxygen plant to address oxygen issues at KTRH, with a procurement process in place.
18. Regarding waste management, the Governor mentioned that the county lacked a designated waste disposal site. However, a collaboration in progress with a donor company to address the issue.



19. He noted a gap of 800 nurses at KTRH, emphasizing the challenge of a substantial wage bill. The county's lack of a public service board further compounded these issues.
20. Concerning the mother-child facility, he noted that equipment procurement was completed. However, the contractor had not yet handed over the project, citing a balance owed.
21. Regarding idle MES equipment at KTRH, the Governor stated that out of the three anesthetic machines, the county had donated one to Nduru Hospital.
22. The Governor also noted that the County had allocated budget to improve the Kitchen at Kenyeny Sub County Hospital.

**MIN/SEN/SCH/531/2023**

**ANY OTHER BUSINESS**

There was no other business.

**MIN/SEN/SCH/532/2023**

**ADJOURNMENT**

There being no other business, the meeting was adjourned at 9.00 p.m. The next meeting will be on notice.

SIGNED: .....

CHAIRPERSON

DATE: .....

14/05/2024

# APPENDIX 2

REPUBLIC OF KENYA



THIRTEENTH PARLIAMENT | SECOND SESSION

THE SENATE

DIRECTORATE OF SOCIO-ECONOMIC COMMITTEES

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## PROGRAM

INSPECTION TOUR OF COUNTY REFERRAL HOSPITALS  
BY THE STANDING COMMITTEE ON HEALTH

BOMET AND NYAMIRA COUNTIES

29<sup>TH</sup> TO 31<sup>ST</sup> OCTOBER, 2023

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Clerk's Chambers,  
The Senate,  
First Floor, Parliament Buildings,  
**NAIROBI.**

OCTOBER, 2023



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## PROGRAM

**SUNDAY, 29<sup>TH</sup> OCTOBER, 2023**

Departure from Nairobi by road

**MONDAY, 30<sup>TH</sup> OCTOBER, 2023**

- |          |   |
|----------|---|
| 10.00 am | Courtesy call to the Governor, Bomet County, and county health officials  |
| 10.30 am | Courtesy call to the Speaker of the County Assembly of Bomet  |
| 11.30 pm | Visit to Longisa County Referral Hospital   |
| 12.30 pm | Lunch   |
| 1.00 pm  | Departure for Nyamira County  |
| 2.00 pm  | Courtesy call to the Governor, Nyamira County, and county health officials  |
| 2.30 pm  | Meeting with Health Worker representatives as follows - <ul style="list-style-type: none"><li>- Community Health Promoters</li><li>- Doctors</li><li>- Nurses</li><li>- Clinical Officers</li></ul> |
| 3.30 pm  | Visit to Nyamira County Referral Hospital   |
| 4.30 pm  | Visit to Igenaitambe Hospital   |
| 5.30 pm  | Visit to Keroka Level 4 Hospital  |

**TUESDAY, 31<sup>ST</sup> OCTOBER, 2023**

Departure for Nairobi via Kisumu

**END OF PROGRAMME**

### Programme Coordinators

Dr. Christine Sagini	-	Lead Clerk
Ms. Florence Waweru	-	Clerk Assistant II
Mr. Ibrahim Hussein	-	Sergeant-at-Arms

REPUBLIC OF KENYA



THIRTEENTH PARLIAMENT | SECOND SESSION

THE SENATE

DIRECTORATE OF SOCIO-ECONOMIC COMMITTEES

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PROGRAM

INSPECTION TOUR OF KISHI COUNTY  
BY THE STANDING COMMITTEE ON HEALTH

FRIDAY, 3<sup>RD</sup> NOVEMBER, 2023

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Clerk's Chambers,  
The Senate,  
First Floor, Parliament Buildings,  
NAIROBI.

OCTOBER, 2023



## PROGRAM

### **THURSDAY, 2<sup>ND</sup> NOVEMBER, 2023**

Departure from Nairobi

### **FRIDAY, 3<sup>RD</sup> NOVEMBER, 2023**

10.00 am	Courtesy call to the Governor, Kisii County
10.30 am	Courtesy call to the Speaker, County Assembly of Kisii
11.00 am	Meeting with the Health Committee of the County Assembly of Kisii
11.30 pm	Meeting with Health Worker representatives as follows - <ul style="list-style-type: none"><li>- Community Health Promoters</li><li>- Doctors</li><li>- Nurses</li><li>- Clinical Officers</li></ul>
12.00 pm	Visit to Kisii Level 5 Hospital
1.00 pm	Visit to Marani Hospital
2.00 pm	Visit to Ogembo Health Center
3.00 pm	Visit to Nyamarambe Hospital
4.00 pm	Visit to Masimba Hospital
5.00 pm	Debriefing meeting at the Governor's Office

### **SATURDAY, 4<sup>TH</sup> NOVEMBER, 2023**

Departure for Nairobi

## **END OF PROGRAMME**

### Programme Coordinators

Dr. Christine Sagini	-	Lead Clerk
Ms. Florence Waweru	-	Clerk Assistant II