Hon. Speaker
You may approve for tabling.
MA
30/9/25

REPUBLIC OF KENYA

THIRTEENTH PARLIAMENT

01/16/25

THE SENATE

THE STANDING COMMITTEE ON HEALTH

REPORT ON THE COUNTY OVERSIGHT AND NETWORKING ENGAGEMENTS TO MANDERA, WAJIR AND MARSABIT COUNTIES.

PAPERS LAID

DATE	02/10/25
TABLED BY	Sen. Yusuf Wafula
COMMITTEE	-
CLERK AT THE TABLE	Abigael.

On behalf of the Chairperson, Standing Committee on Health.

Clerks Chambers,
Parliament Buildings,
NAIROBI.

COS
Forwarded and recommended for approval for tabling
30/09/2025

September, 2025

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LIST OF ABBREVIATIONS

A&E	Accident and Emergency
CECM	County Executive Committee Member
CHS	Community Health Service
CHW	Community Health Worker
CHP	Community Health Promoter
CPSB	County Public Service Board
CoG	Council of Governors
CS	Cesarean Section
DG	Deputy Governor
EMR	Electronic Management Records
FIF	Facilities Improvement Financing
FY	Financial Year
HDU	High Dependency Unit
HMIS	Health Management Information System
HPTs	Health Products and Technologies
HRH	Human Resource for Health
ICT	Information Communication and Technology
ICU	Intensive Care Unit
KEMSA	Kenya Medical Supplies Agency
KMPDU	Kenya Medical Practitioners and Dentist Union
MEDS	Mission for Essential Drugs Supplies
MES	Medical Equipment Service
MoH	Ministry of Health
NG	National Government
NHIF	National Health Insurance Fund
SHIF	Social Health Insurance Fund
UHC	Universal Health Coverage
WCRH	Wajir County Referral Hospital
WHO	World Health Organization

PRELIMINARIES

Establishment and Mandate of the Committee

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

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

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

Committee Membership

The Committee is comprised of the following members-

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

CHAIRPERSON'S FOREWORD

At its meeting held on Tuesday, 10th April, 2025, the Standing Committee on Health resolved to undertake County Oversight and Networking Engagements (CONE) in Mandera, Marsabit and Wajir counties to acquaint itself with the provision of healthcare services in the counties as part of its oversight function. These visits took place from 28th April, 2025 to 30th April, 2025.

This report contains a record of the County Oversight and Networking Engagements conducted by the Committee in Mandera, Wajir and Marsabit counties between dates 28th April, 2025 to 1st May, 2025. These visits were designed to provide firsthand insights into the state of healthcare infrastructure, service delivery and the challenges faced by healthcare providers and the communities they serve.

The Committee engagements involved site visits to key healthcare facilities, direct interactions with county leadership, healthcare workers and members of the public. Through these interactions, the Committee gathered critical evidence on the adequacy of healthcare personnel, the status of medical equipment and supplies, the effectiveness of emergency and referral systems and the implementation of digital health records.

The Committee sought to acquaint itself with the information and understand the operationalization of health financing mechanisms including the Social Health Insurance Fund (SHIF) and the Facility Improvement Fund (FIF). The Committee further sought to assess the county's compliance with relevant health sector policies and regulations.

The Committee noted that the infrastructure across healthcare facilities in the counties was dilapidated as characterized by leaking roofs, broken tiles, use of banned asbestos, leading to severe overcrowding and forcing patients, particularly in maternity wards, to share beds. Compounding this is systemic deficiencies across key areas of devolved healthcare delivery, starting with chronic staff shortages of qualified personnel and specialists, which results in overwork, low morale due to poor contractual terms and delayed stipends, and the unauthorized use of unqualified staff, like Community Health Promoters (CHPs) for tasks such as dispensing medication.

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

Acknowledgements

On behalf of the Committee, I wish to thank Sen. Mohamed Abass Sheikh, MP, Senator for Wajir County, Sen. Roba Ali Ibrahim, MP, Senator for Mandera County and Sen. Chute Mohammed Said, MP, Senator for Marsabit County for the support extended to the Committee by their county offices during the oversight visits. Their input and

contributions enabled the Committee carry out its oversight mandate and functions effectively in the three counties.

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

Further, the Committee also extends the appreciation to the Speakers of the County Assemblies in the three counties and Members of the County Assembly counterpart committees on health for their facilitation and participation. The Committee is also grateful to the members of staff and other stakeholders in the healthcare facilities visited during the tour for their submissions, which have greatly enhanced the evidence analyzed during processing of this report.

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

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

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

Signed..... **Date**.....24/9/2016.....

SEN. JACKSON K. ARAP MANDAGO, EGH, MP,

CHAIRPERSON, STANDING COMMITTEE ON HEALTH.

ADOPTION OF THE REPORT OF THE STANDING COMMITTEE ON HEALTH OF THE COUNTY OVERSIGHT AND NETWORKING ENGAGEMENTS IN MANDERA, WAJIR AND MARSABIT COUNTIES.

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

1. Sen. Jackson K. Mandago, EGH, MP .....
2. Sen. Mariam Sheikh Omar, MP .....
3. Sen. Justice (Rtd.) Stewart Madzayo, EGH, MP .....
4. Sen. Ledama Olekina, MP .....
5. Sen. David Wakoli, MP .....
6. Sen. Richard Onyonka,MP .....
7. Sen. Tabitha Mutinda, MP .....
8. Sen. Hamida Kibwana, MP .....
9. Sen. Joseph Githuku, MP .....

CHAPTER ONE

1. INTRODUCTION

1. Article 96(1) of the Constitution mandates the Senate to represent the counties and serve to protect the interests of the counties and their governments. Article 124 (1) on the other hand provides that each House of Parliament may establish committees, and shall make Standing Orders for the orderly conduct of its proceedings including the proceedings of its committees.

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

3. To execute its mandate the Committee has adopted different modes of operation, which include County Oversight and Networking Engagements. Through these engagements, the Committee is able to augment the evidence gathered within the precincts with site visits.

4. At its meeting held on Tuesday, 10th April, 2025, the Committee resolved to undertake a County Oversight and Networking Engagements (CONE) in Mandera, Marsabit and Wajir counties to acquaint itself with the provision of healthcare services in the counties as part of its oversight function. These visits took place from 28th April, 2025 to 30th April, 2025.

5. The specific objective of these engagements was to visit select healthcare facilities in the three counties in order to-
   a) assess the state and quality of the infrastructure, facilities, hospital equipment and provision of emergency services;
   b) asses the automation of healthcare provision systems for patient, drugs and commodity management;
   c) assess the availability of requisite healthcare personnel, the gaps and challenges, if any, these counties face in regard to healthcare workers;
   d) assess the availability of training and capacity building programs and avenues for healthcare workers in emergency healthcare and specialized services;
   e) assess the availability of drug and medical supplies in healthcare facilities in the counties and pending bills with the Kenya Medical Supplies Agency; and
   f) seek information on the Social Health Authority (SHA) reimbursements claimed and accreditation for county health facilities with SHA

6. Consequently, the Committee visited the following healthcare facilities in the three aforementioned Counties-

   1) Mandera County Referral Hospital, Khadija Health Centre, Elwak Sub-County and ADRA Health Centre in Mandera County;
   2) Wajir TB Manyatta, Hodhan Dispensary and Wajir County Referral Hospital in Wajir County (WCRH); and
   3) Marsabit County Referral Hospital in Marsabit County (MCRH.).

1.1. COUNTY PROFILES

1.1.1. Mandera County

7. Mandera County is located in Northern Kenya, bordering Ethiopia to the North, Somalia to the East and Wajir County to the South. The County has a surface area of 25,939.8 square kilometers and an estimated population of 1.2 million people. The Economy of the County is predominantly based on pastoralism and agriculture, with persistent challenges related to insecurity and harsh climatic conditions;

8. Mandera County has made significant strides in healthcare provision, particularly since the advent of devolution. The major health facilities include: Mandera County Referral Hospital, Rhamu Sub-County Hospital, Mandera Central Sub-County Hospital, Kotulo Sub-County Hospital, Banisa Sub-County Hospital, Mandera West Sub-County Hospital and Lafey Sub-County Hospital.

9. Since advent of devolution, the County has operationalized comprehensive maternal and child health care units, gazetted new health facilities, and increased the number of functional healthcare facilities and health workers. Further, the County has reported an increase in the number of ambulances, establishment of ICU infrastructure, procurement of dialysis machines and increased the specialized personnel. These interventions, among others have seen the county improve in its health indicators.

10. **Mandera County Referral Hospital** is the biggest healthcare and referral facility for the entire County. It has an estimated total bed capacity of 128 and 5 cots serving the population's health needs. According to records from the health department, it collects approximately Kshs. 60 million annually from patients.

11. The Mandera County Health Services Improvement Financing Act, 2023 allows the main public hospitals including Mandera County Referral hospital to retain their quarterly collections and use it for procure drugs and equipment. This regulation has made the hospitals semi-autonomous even as the county administration strives to provide quality healthcare services;

12. Mandera County total estimated budget for FY 2024/25 amounts to Kshs.14.89 billion comprising Kshs.12.05 billion share of the equitable share, Kshs. 1.19 billion as additional, Kshs. 336.5 million as own source revenue of which Kshs.57.92 million will be collected from the public health facilities;

13. In the FY 2024/25, the County has allocated Kshs.2.65 billion to the health sector of which Kshs. 2.165 billion (82.4 per cent) is for the recurrent expenditure and Kshs. 492 million (17.6 per cent) allocated for the development expenditure. Up to the second quarter of FY 2024/25, the county had only spent Kshs. 980 million of its recurrent budget and spent Kshs. 131 million spent on development as reported by the Office of the Controller of Budget (OCOB).

14. In the first half of FY 2024/25, the County had collected Kshs.10.2 million from the FIF that was utilized by Mandera County Referral Hospital where the funds were collected as reported by the office of the controller of budget. In the first half FY 2024/25, the county had spent Kshs.89.06 million on the pharmaceutical supplies and Kshs.59.76 million on the purchase of non-pharmaceutical supplies;

15. Nonetheless, the recent reports by the Office of the Controller of Budget indicates that substantial portion of Mandera County's health budget is allocated to recurrent expenditure, particularly personnel emoluments (salaries and wages), leaving comparatively less for development and service delivery. This pattern limits resources available for infrastructure, equipment, and essential medical supplies, which are critical for improving health outcomes;

16. The County is also reported to have accumulated significant pending bills, including for health-related goods and services. These unpaid bills affect suppliers' willingness to provide essential medical commodities and services, further straining healthcare delivery. Further, it has not met its targets for collecting own-source revenue, which limits the funds available for health sector investments and increases reliance on national transfers and conditional grants.

1.1.2. Wajir County

17. Wajir County is located in the Northern Kenya region with a surface area of 55,840.6 sq. Km. Wajir is a Borana word that means coming ***together,*** bequeathed to this part of the Country because of the different clans and pastoral communities that used to congregate in areas around Wajir Town to water their animals from the abundant and dependable shallow wells that characterize the general land geomorphology. The County has an estimated population of 781,263 persons according to the Kenya National Bureau of Statistics (KNBS) 2019 census.

18. The County has over one hundred government-managed public health facilities with county and sub-county hospitals spread across the width and the breadth of the vast County. The major health facilities include; Wajir County Referral Hospital, Eldas Sub-County Hospital, Buna Sub-County Hospital, Bute Sub-County Hospital, Griftu Sub-County Hospital, Tarbaj Sub-County Hospital, Habaswein Sub-County Hospital, Dadajabula Sub-County Hospital, Abakere Sub-County Hospital and Leheley Sub-County Hospital.

19. Wajir County Referral Hospital is the largest healthcare facility with an estimated inpatient bed capacity of 120, 27 maternity beds, 10 cots, 2 emergency casualty beds, 8 ICU beds, and 50 isolation beds serving the population's health needs. The facility reportedly collects the largest amount of money as FIF following the enactment and operationalization of the County FIF Act in 2023.

20. In the FY 2024/25, the County had projected to undertake several major development projects dedicated to the health sector. The table below gives the major projects in the health sector to be implemented in FY 2024/25.

Table 1: Major health sector projects to be implemented in FY 2024/25					
S/NO.	**Project**	**Contract sum**	**Allocation in FY 2024/25**	**Amount paid to date**	**Completion status (%)**
1	Construction of Accidents & Emergency at Wajir County Referral Hospital	465,608,595	229,814,413	407,488,253	88
2	Upgrading of Arbajahan Health Centre to Level 4 Hospital	137,524,321	119,646,159	119,646,159	87
3	Upgrading of Makaror Health Centre to Level 4 Hospital	76,129,872	58,522,157	58,522,157	77
4	Upgrading of Kutulo Health Centre to Level 4 Hospital	41,168,957	41,168,957	20,500,000	75
5	Upgrading of Tarbaj Health Centre to Level 4 Hospital	34,950,956	19,703,408	19,703,408	56
6	Construction of Maternity Ward at Giriftu Sub County Hospital.	19,261,870	19,261,870	17,335,683	100
7	Upgrading of Buna Health Centre to Level 4 Hospital	28,850,000	16,623,600	16,623,600	58

Source: Wajir county treasury

21. Wajir County total estimated budget for FY 2024/25 amounts to Kshs. 13.76 billion comprising Kshs. 10.21 billion share of the equitable share, Kshs. 2.4 billion as additional, Kshs. 200 million as own source revenue, of which Kshs. 120 million will be collected from the public health facilities;

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

23. In the first half of FY 2024/25, the County had collected Kshs.41.33 million from the FIF that was utilized by the hospitals as reported by the OCOB though the facilities did not submit a report on its utilization. In the same period, the County spent Kshs.120.4 million on the pharmaceutical and non-pharmaceutical supplies.

1.1.3. Marsabit County

24. Marsabit County borders Ethiopia to the North and North East, Wajir County to the East, Isiolo County to the South East, Samburu County to the South and South West and Lake Turkana to the west and North West in a vast area spawning 70,961.3km2. It has an estimated population of 489,785 persons according to the Kenya National Bureau of Statistics (KNBS) 2019 census.

25. The major health facilities in the County include; Marsabit County Referral Hospital, Moyale Sub-County Hospital, Sololo Sub-County Hospital, Kalacha Sub-County Hospital, and Laisamis Sub-County Hospital. Marsabit County Referral Hospital has an estimated total bed capacity of 109 inpatient beds, 42 maternity beds, 5 emergency casualty beds, 3 ICU beds, 3 HDU beds and 12 isolation beds;

26. One of the major projects that was to be implemented in FY 2024/25 included the completion of Sololo Sub County Hospital where the contact sum was Kshs.21.69 million and so far, Kshs.21.68 has been paid out and completion rate reported at 95%.

27. Marsabit County total estimated budget for FY 2024/25 amounts to Kshs.10.34 billion comprising Kshs.7.83 billion share of the equitable share, Kshs.1.35 billion as additional, Kshs.251.16 million as own source revenue, of which Kshs. 141 million will be collected from the public health facilities;

28. In the FY 2024/25, the County allocated Ksh.2.087 billion to the health sector of which Kshs.1.848 billion is for the recurrent expenditure and Kshs.239 million allocated for the development expenditure. Up to the second quarter of FY 2024/25, the county had only spent Kshs. 1.071 billion of its recurrent budget and zero spent on development as reported by the OCOB.

29. In the first half of FY 2024/25, the County had collected Kshs. 50.8 million from the FIF that was utilized by the following hospitals as reported by the OCOB. The total amount utilized include unspent balances of the FIF.

S/NO.	Hospital	Approved budget for facility (Kshs. Million)	Actual expenditure as December 2024 (Kshs. Million)
1	Marsabit County Referral Hospital	76.16	39.21
2	Moyale Sub-County Hospital	45	12.23
3	Kalacha Hospital	10	1.9
4	Laisamis Sub-County Hospital	10	1.875
	Total	**141.16**	**55.23**

CHAPTER TWO

2. COMMITTEE OBSERVATIONS AND STAKEHOLDER SUBMISSIONS

2.1. MANDERA COUNTY

2.1.1. Mandera County Teaching and Referral Hospital

29. The Committee visited the Mandera County Referral Hospital (MCRH) on Monday, 28th April, 2025. The MCRH, formerly known as Mandera District Hospital is the principal public healthcare facility in the County and serves as the main referral and specialized care center after being upgraded from level 4 facility to level 5 in 2016. The Hospital provides a comprehensive range of inpatient and outpatient services, including, general medical and surgical care, maternal and child health services, emergency and referral services and specialized clinics and diagnostic services.

Picture 1: The Committee delegation in Mandera County on 28th April, 2025

30. During the visit the Committee was able to tour different hospital departments including the outpatient, inpatient, Intensive Care Unit (ICU), radiology department, the laboratory, the maternity, the renal unit, the pharmacy, the blood bank, the Tuberculosis (TB) clinic and specialized clinics such as dental unit.

31. During the visit the Committee was informed that Mandera County Referral Hospital-

    a) has a catchment of 148,000 people living in and around the county and also serves cross-border patients from neighboring Ethiopia and Somalia, reflecting the unique geographic and epidemiological context in the County.

b) is a training center for health workers and actively participates in disease outbreak response and control, especially for communicable diseases prevalent in the border region; and

c) has a bed capacity of 209 which included general inpatient beds and specialized units. It has two hundred and sixty-three (263) members of medical staff who include, twelve (12) specialists, twenty-two (22) doctors and one hundred and ten (110) nurses

Picture 2: During the oversight visit to Mandera County Teaching and Referral Hospital

32. Following the oversight visit the Committee **observed** that-

a) The MCTRH offers a range of specialized department and units such as the maternity, renal, mental health, oncology, critical care, diagnostics, and surgery, which are designed to provide comprehensive healthcare services and serve as a training and research center for the county;

b) The Hospital faces **water scarcity** which is exacerbated by recurrent droughts, and **poor distribution** and **storage infrastructure** and facilities which was severely affecting hygiene in the hospital and patient care.

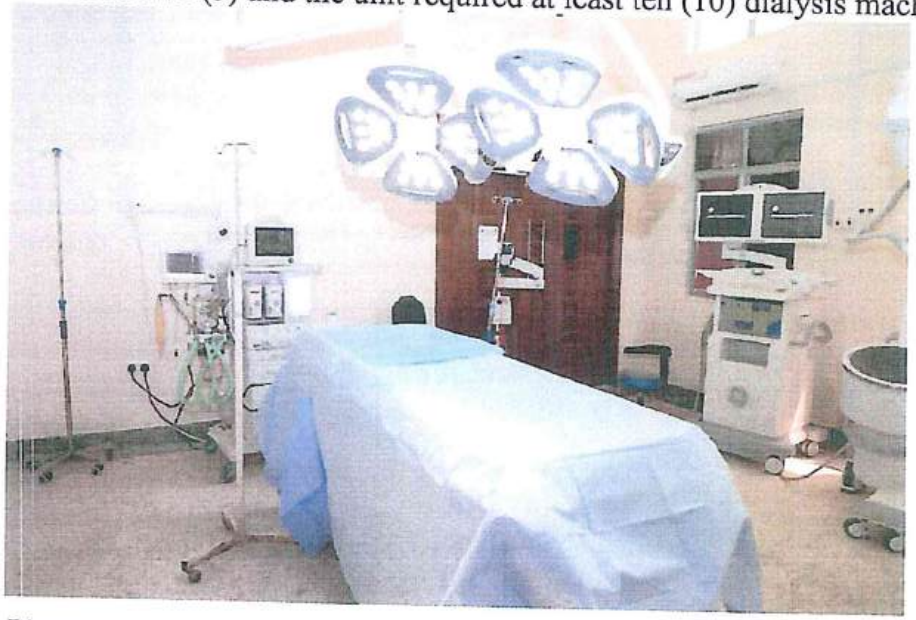
c) There were also **absence** of **water taps** and **shower heads** in the handwash basins and bathrooms. This glaring absence was prevalent in the maternity wing a clear deviation from Health Infrastructure Norms and standards (2017) set by the Ministry of Health requiring that all health facilities have sufficient and clean piped water supply at all times for drinking and personal hygiene;

d) The maternity wards further **lack** basic necessities such as **adequate beds**, and sufficient **baby cots** to adequately serve the needs of the patients and thereby compromising care quality of neonatal care and ability to safely accommodate newborns especially given the role of the facility as a referral center;

Picture 3: The Committee inspects the Mandera County Referral Hospital Renal Unit

e) There was a critical **shortage** of **nursing staff** and **midwives** at the maternity wards to adequately serve the number of expectant mothers at the facility. This was coupled with **absenteeism**, difficult working environment, **poor remuneration** and **unpaid wages** to casual labourers;

f) Whereas the Renal Unit was functioning, it had several dialysis machines that were unfunctional, broken down and required repairs. However, it was observed that only three (3) dialysis machines were functioning from the available five (5) and the unit required at least ten (10) dialysis machines.



Picture 4: Mandera County Referral Hospital Theater. The Committee observed that Hospital has made significant strides in equipping and upgrading the critical unit.

g) There is **no functional laundry unit** to ensure patients always have access to clean linen at the facility despite some recent infrastructural upgrades. The Committee observed that this was likely to increase the risk of healthcare associated infections, compromise patient comfort and dignity and place strain on hospital operations;

h) The health **data management** and **patient records** remain **manual** and the facility relies on predominantly on manual health records. The Committee observed **discrepancies** in the manual health records at the **maternity wards** with recorded number of patients being different from those physically present at the facility. This made it hard to track patient history, affected efficiency, data accuracy and timely access to patient information.

Picture 5: The Committee inspects the drugs records at the Mandera County Teaching and Referral Hospital health. The drugs records remain manual and the facility relies predominantly on manual health records.

i) The **waiting bays** at the facility are **not properly furnished** and **lack adequate seating areas** and facilities for patients and visitors. It was observed that this shortfall was greatly affecting patient comfort;

j) The Hospital faces challenges related to the **management of drug issuance** and **pharmacy records**, several records including a record of drugs related to control of Alcohol and Drug Dependency (ADD) containing discrepancies. The Committee observed that concerns had been raised on possible diversion of medicine to private pharmacies owing to lax controls in the issuance chain.

k) The Committee observed that there were **expired drug stocks** on the shelves and the concerned healthcare personnel expressed uncertainty over proper protocols for removing and/or tracking expired inventory.

2.1.2. The Khadija Dispensary

33. The Committee toured Khadija Dispensary within the Mandera Town on Monday, 28th April, 2025 and was informed that the facility serves approximately 10,000 people from the local community. The facility has ten (10) members of staff majority of whom are the Community Health Promoters (CHPs);

34. During the visit the Committee observed that the facility had well maintained infrastructure, clearly accessible facilities and well-marked directions for guidance. Further the staff members at the facility appeared well versed with their respective roles. However, the facility did not have a pharmacist or a pharmacy technologist to dispense drugs and as such was utilizing the CHPs to dispense drugs;

35. The Committee further observed that Khadija Dispensary-

1) **lacks** a **functional incinerator** for proper and safe disposal of medical waste which is likely to contribute to unsafe waste management practices in addition to posing health risks to staff and the neighboring community, and

2) There is **no perimeter wall** at the facility which is likely to impact on the facility's security, theft of medical supplies, equipment and medicine as well as vandalism.

2.1.3. The ADRA Health Centre (Elwak Health Centre))

36. The Committee conducted an oversight visit to ADRA Health Centre in Elwak Sub-County on 29th April, 2025 and was informed that the facility was incepted by

the Adventist Development and Relief Agency (ADRA) and has been providing health services in Mandera and other neighboring counties.

37. The Committee was informed that the facility was collecting the Facility Improvement Financing (FIF) funds following the operationalization of the County Health Services Improvement Financing Act, 2024. However, the facility management committee was not dully constituted which had caused delays in decision making.

38. During the visit the Committee observed that-

a) ADRA Health Centre faces challenges related to **poor physical conditions** which include **lack of proper infrastructure** and **equipment** which is likely to compromise patient comfort and care quality;

Picture 6: The Committee observes dilapidated infrastructure and equipment to provide adequate healthcare services at the ADRA Health Centre

b) There is general **scarcity of qualified health workers** in the facility; it lacked a qualified pharmaceutical technologist and drugs were being dispensed by a community health assistant; and

c) There was presence of **expired drugs** in the shelves, coupled with improper storage of hazardous medical wastes and poor drug management

Picture 5: There existent discrepancies between recorded drugs and medicine stocks and the actual stock on the shelves which compromised the accuracy of stock records

2.1.4. The Elwak Sub-County Hospital

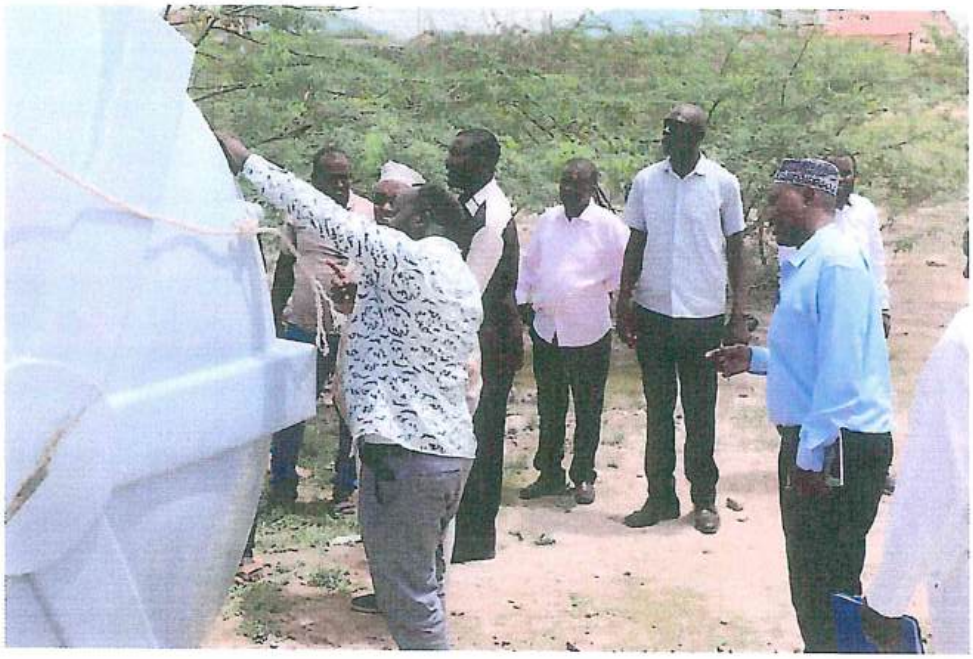
39. The Committee conducted an oversight visit to the Elwak Sub-County Hospital, a level 4 public health facility in Elwak Town on 29th April, 2025. The Committee was informed that the facility receives cross border patients many of whom are not vaccinated, lack of proper documentation and presents communication challenges due to language barrier.

40. The Committee was informed that the facility was improved in 2024 which included an upgrade of its infrastructure and services. Consequently, the facility has a bed capacity of approximately one hundred and three (103) beds including beds including beds in Intensive Care Unit (ICU) and High Dependency Unit (HDU). Additionally, there are three operating theaters dedicated to trauma, maternity and general surgery.

41. During the visit the Committee made the following observations-

    a) The Elwak Sub County Hospital faces significant challenges related to **water scarcity**. However, the facility was utilizing water trucking and rapid response maintenance teams were supplying portable water to mitigate the impacts of scarcity;

    b) The maternity ward supported by the new born unit handles multiple deliveries daily estimated to be between 10 and 15. However, the Committee was informed that mothers attend maternity service late, often arriving in critical condition. This is associated with weak referral systems, poor road infrastructure and insecurity which hinders timely access to health facilities.



Picture 6: The Elwak Sub County Hospital faces significant challenges related to water scarcity

2.1.5. Meeting with the Governor, Mandera County

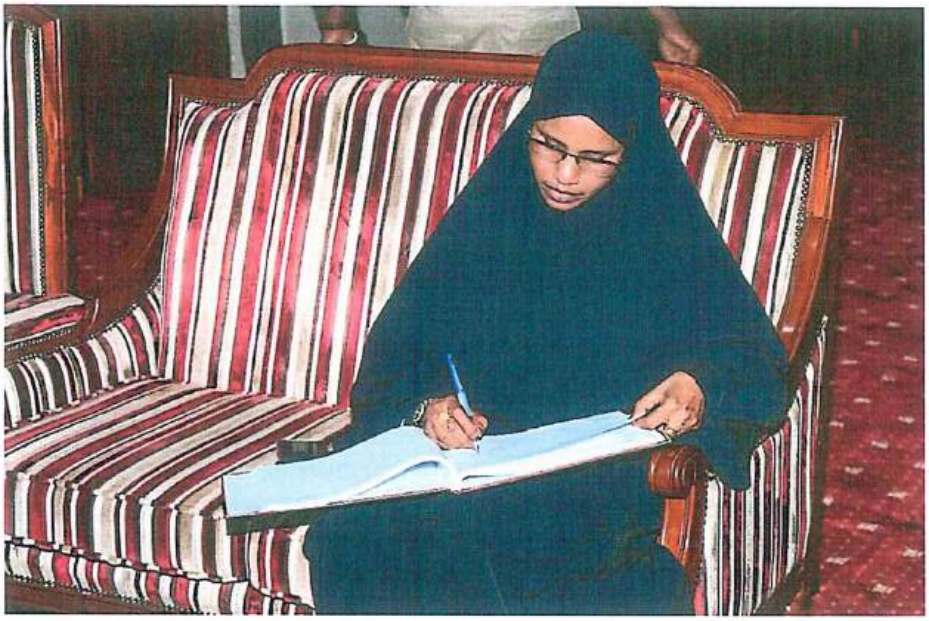
42. The Committee held a meeting with the Governor Mandera County on Monday, 28th April, 2025 and was informed that-

a) Mandera County had made significant strides in improving the provision of healthcare services focusing on accessibility, quality and infrastructure development to meet the needs of its constituents;

b) The County has equipped and upgraded the MCTRH to enhance its capacity to provide specialized and referral services including in maternal and child health, renal analysis and emergency care;

c) The County has increased healthcare workers including medical officers and there are plans to hire more nurses. Further there are continuous efforts to train and deploy more healthcare personnel in critical areas; and

d) The County faces challenges due to porous borders including outbreaks of diseases. However, the County has managed and controlled these outbreaks through coordinated public health interventions.



Picture 7: Sen. Mariam Omar, MP signs visitors' book during the courtesy call to the Governor, Mandera County

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

a) It was evident there was some remarkable growth in Human Resources for Health (HRH) which was matched with the increase in healthcare facilities in the County. However, there was **widespread neglect** and **unsanitary conditions** highlighting a possible lapse in basic hygiene and infection prevention measures;

b) Whereas, the County had made significant investments in upgrading and expanding its **maternity** services challenges related to **insufficient staffing**, **limited facilities**, **poor referral system**, **frequent stock-outs** and general **cleanliness** persists with possible effects on patient experience and safety;

c) The healthcare facilities face significant challenges with **record keeping** and health information management. There were **discrepancies** and **inconsistencies** across all departments with likely effect to quality and reliability of health data. The manual records also impended effective health information flow within departments affecting patient care management;

d) Community Health Promoters (CHPs), nurses and other **unqualified** and **untrained staff** were **dispensing drugs** in healthcare facilities without supervision due to shortage and or absence of qualified pharmaceutical personnel. The Committee observed that this was a **violation** of the **Pharmacy and Poisons Act**, the governing law regarding drug dispensing;

e) There existent **discrepancies** between **recorded drugs** and **medicine stocks** and the actual stock on the shelves which compromised the accuracy of stock records. There were **expired drugs** on the shelves an indication of poor pharmaceutical waste management;

44. The Committee further informed the Governor that there was need to conduct a thorough assessment of current staffing levels against the approved staff establishment to identify vacancies and gaps before recruitment to ensure there is a balance in cadres;

45. The Committee further observed that there was an on-site oxygen generation equipment at the Mandera County Referral Hospital but it was not clear if the plant was generating oxygen for hospital use and if there were any personnel trained to operate and manage oxygen systems safely and effectively at the facility.

2.2. WAJIR COUNTY

2.2.1. Wajir Manyatta TB Center (Sub-County Hospital)

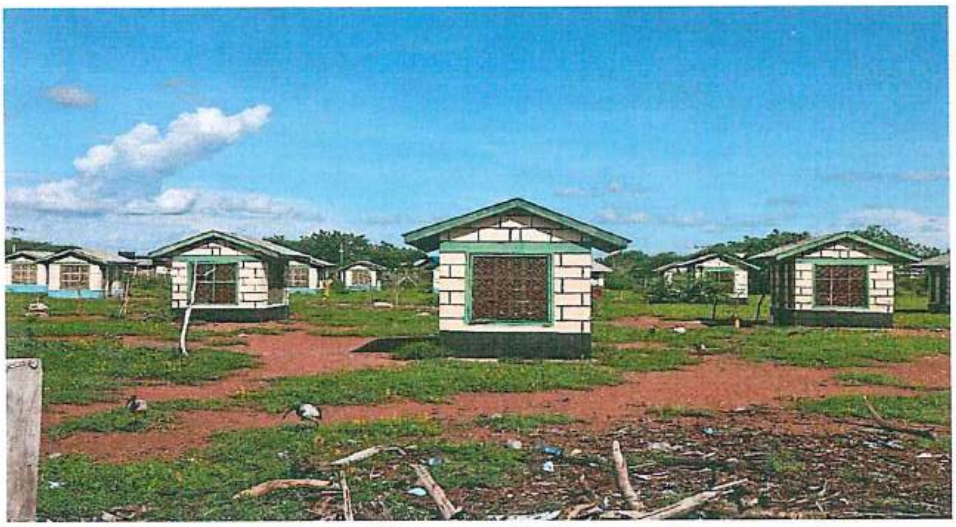
46. The Committee conducted an oversight visit to the Wajir Manyatta TB Center on Tuesday 29th April, 2025 accompanied by Ms. Habiba Ali Maalim, the County Executive Committee Member (CECM) in charge of Health Services and host of officers from the Health Department in the County.

47. The Committee was informed that the TB Manyatta was started in the late 1970s by Italian Nun who recognized the unique challenges of treating Tuberculosis (TB) in the region. The Center was built like traditional dwellings (Manyatta) in order to create a village like environment where patients could stay the full course of directory observed therapy ranging between four to six months.

48. During the visit the Committee made the following observations-

a) There is a **stalled** modern **incinerator** project which was envisaged to address ongoing challenges at the facility and neighboring healthcare institutions including the improper disposal of medical waste. The Committee was informed that the project had stalled due to **litigation** by different stakeholders including the local residents who had raised concerns and fears about potential health hazards;

b) The TB Manyatta treats patients from Wajir and the neighboring counties including those from neighboring counties. However, the **cottages** are **dilapidated** which poses significant challenges related to safety and adequacy of infrastructure for the patients. Indeed, many of the cottages had reportedly been **condemned for demolition** and there was no recent refurbishment or upgrading;



Picture 8: The cottages at the Manyatta TB Centre used as quarantine cottages for patients. These are dilapidated, posing significant challenges related to safety of patients.

c) The TB Manyatta **lacks** a **proper perimeter wall/fence** which posed safety and security concerns to the patients, staff and medical supplies at the facility. The Committee observed that this could also hinder effective infection control and expose the facility to risks of unauthorized access;

d) The TB center **lacks proper Personnel Protective Equipment** (PPE) such as protective gowns and face masks which compromise the safety of healthcare workers and patients. Further there is no modern laboratory to handle TB specimens safely;

e) The Center suffers from the **poor record keeping** which hampers efficient patient management, tracking of treatment progress and overall accountability of patients and dispensed drugs. The Committee observed that untrained personnel were involved in dispensing medication and the County pharmacists could not sufficiently respond to basic concerns by the Members;

Picture 9: The Committee inspects the Wajir TB Manyatta Centre pharmacy. The center suffers from the poor record -keeping which hampers efficient patient management, tracking of treatment progress and overall accountability of patients and dispensed drugs

f) The **patients** at the TB Center **complained** and expressed dissatisfaction about **poor diet** citing **quality**, **adequacy** and **nutritional value** and general mistreatment by the members of staff. They further complained about **poor safety conditions**, **lack of essential supplies** like mosquito nets and neglect which exacerbated hardships during treatment.

Picture 10: Patients at TB Center complained and expressed dissatisfaction about poor diet citing its quality and nutritional value

Picture 11: The dilapidated kitchen at the TB Center

Hodhan Dispensary

49. The Committee visited Hodhan Dispensary in Wajir East Sub County within the Township and was received by the facility in-charge, a clinical officer by training. The Dispensary provides basic outpatient health services, including immunizations, family planning and treatment of common illness.

50. The Committee was informed that the dispensary is a small outpatient health facility usually managed by a clinical officer and registered nurses who provide primary healthcare services. The dispensary serves between 20 and 40 patients daily and do not have inpatient beds.

51. During the visit the Committee observed that the dispensary **lacks** a **pharmacist** and/or pharmaceutical technologist and drugs are usually dispensed by community health promoters. Indeed, most services at the facility were being provided by the community health promoters under the guidance of the clinical officer in-charge.

Picture 12: The Committee Visit to Hodhan Dispensary in Wajir County, a small outpatient facility servicing between 20 to 40 patients daily.

52. The Committee lauded the efficiency and the performance of the clinical officer in charge and observed that while the facility had a potential to serve a bigger catchment area it lacked a space for expansion and there was no significant infrastructural investment by the County Government.

2.2.2. Wajir County Dumpsite

53. The Committee conducted an oversight visit to Wajir County Dumpsite in the outskirts of the Wajir Town on Tuesday, 29th April ,2025 and observed that there was evidence of **improper dumping** of **hazardous** and **toxic wastes** including biomedical wastes and pesticides raising concerns about contamination of soil and water sources considering the water levels in Wajir Town.
54. The Committee was informed that the neighboring community had also raised concerns about possible health hazards including **respiratory issues**, **skin** and **blood infections** from direct contact with contaminated water and wastes from the dumpsite. The site has also been linked to **periodic outbreaks** of communicable diseases like **cholera** due to improper waste management.
55. The Committee observed that there was mismanagement of the dumpsite and that raw sewage was also being dumped at the dumpsite because the town lacked a proper sewerage system exacerbating health risks and limiting access to safe water.
56. The Committee observed that the dumpsite was poorly managed as characterized by lack of security, absence of proper fencing and inadequate investment in modern waste management infrastructure. It was evident that animals and unauthorized individuals have free access to the dumpsite.

Picture 13: Inspection of the Wajir Town dumpsite. Improper dumping of hazardous and toxic wastes at Wajir County Dumpsite

57. The Committee was further observed that the proximity of the dumpsite to residential area and improper fencing caused significant environmental issues due to uncontrolled access by livestock and wildlife, who graze on solid waste. Further, plastic accumulation is likely to lead to environmental degradation and poses additional health challenges.

Picture 14: ***The dumpsite is poorly managed as characterized by lack of security, absence of proper fencing and inadequate investment in modern waste management infrastructure.***

2.2.3. Wajir County Referral Hospital (WCRH)

58. The Committee conducted an oversight visit to the Wajir County Referral Hospital (WCRH), a level 5 hospital on Tuesday 29th April 2025 and was received by Dr. Dahir Somon, the Chief Executive Officer of the Hospital;

59. The Committee was informed that Wajir County Referral Hospital has a total bed capacity of one hundred and fifty-four (154) inpatient beds and a staff compliment of about one hundred and three (103) healthcare personnel. The Hospital provides a range of services including maternity care, emergency treatment, renal services and increasingly cancer care. The Hospital was also a key center for managing infectious diseases including the recent surge of *kala-azar* outbreak;

60. During the visit, the Committee observed that-
    1) Wajir County Referral Hospital offers cancer related therapies in effort to manage the prevalence of cancer cases in the region. However, the Hospital

lacks a **full oncology** workforce and most patients requiring advanced treatment were referred to regional center in Garissa County;

2) There is **inadequate pharmaceutical management** and **oversight**. It was observed that untrained personnel were involved in drug dispensing and they utilized manual record keeping posing a risk of errors. There existed discrepancies between physical stocks on the shelves and recorded stocks;

3) There was **poor storage** of **drugs classified** as controlled substance and requiring strict handling and storage conditions. The Committee specifically observed discrepancy in the inventory on Diazepam, one such controlled drug. Fewer physical stocks were available as opposed to recorded inventory raising concerns on possible pilferage and misuse;

Picture 15: ***Inadequate pharmaceutical management and oversight and poor storage of expired and unused medication and medical products in one of the rooms at Manyatta TB Center***

4) The Hospital offers maternity services including prenatal and postnatal care and is SHA accredited indicating it meets certain quality standards. However, there were several challenges related to **understaffing** and **inadequate infrastructure**. The maternity wards did not have **mosquito nets** alongside unmaintained laundry equipment which was identified as main challenge affecting maternal and new born care;

5) The maternity wards **do not have running water** severely affecting hygiene and posing challenges of infection control and overall quality of maternal care. The Committee observed that there were risks of neonatal infections and

inadequate water supply made it difficult to clean rooms, equipment and linens properly compromising care delivery;

6) The Committee observed that WCRH was upgrading its infrastructure including, maternity infrastructure and a modern accident and emergency wing which was nearing completion. It was observed that this facility would support already existing infrastructure and enhance maternity and other healthcare services.

Picture 16: Dilapidated WASH infrastructure at the Wajir TB Manyatta Hospital.

2.2.4. Meeting with the County Executive

61. The Committee held a debriefing meeting with the Governor, Wajir County on Wednesday, 30th April, 2025 to present its preliminary findings to the County Executive. During the meeting, the Committee informed the Governor that during the oversight visit to different healthcare facilities, the following preliminary observations had been made-

1) The Wajir County Referral Hospital is undergoing significant infrastructural upgrades including construction of a new maternity block as a broader part to modernize healthcare service provision and to decongest the existing healthcare infrastructure;

2) There was evidence of **possible complacency**, sense of entitlement staff attendance among healthcare workers at the public healthcare facilities which was likely to affect service delivery;

3) The healthcare facilities are heavily reliant on **manual systems** with little to **no automation** of healthcare services despite the County Government's mission to provide technology driven and evidence-based health services. There was

manual record keeping and **paper-based system** affecting the inventory management, patient records and service delivery efficiency;

4) The public healthcare facilities suffer from **poor water supply** and sanitation infrastructure with majority of wards lacking water, **missing taps** and **shower heads** in the bathroom and especially maternity wards which posed a risk of waterborne diseases;

5) The healthcare facilities **lack** clearly established, purpose-built, functional and operational **kitchens** implying challenges in providing in-house patient nutrition services to patients including those in hospitals and stabilization centers;

6) The healthcare facilities **lack** fully **functional laundry facilities** including washing machines, dryers and ironers impacting on their ability to maintain clean linens and garments which is critical for patient care and infection prevention;

7) The **maternity wards** do not have **fixed mosquito nets** leading to possible shortage and/or inadequate protection against mosquito borne diseases such as malaria. Further, the maternity wards do not have **sufficient beds** and **baby cots** for use by new born babies and their mothers;

8) There was need to establish a dedicated department, unit or a section within the healthcare facilities to address routine maintenance and repair in each healthcare facility

62. The Governor informed the Committee that the County Government of Wajir-

1) had converted the Covid-19 Center into a level 4 healthcare facility in a bid to decongest the Wajir County Referral Hospital and as part of its strategic expansion in healthcare services. Further the County Government had elevated several level three facilities to level four centers and constructed a modern accident and emergency wing;

2) had procured six (6) dialysis machines, which were scheduled to be delivered and installed before the end of the 2024/25 Financial Year. The procurement is part of the efforts to improve specialized medical services including renal care and to address the shortage and malfunctioning of dialysis machines;

3) had constructed and furnished a satellite blood bank which has also been provided with essential equipment; a refrigerated centrifuge and apheresis machine by the National Government making it the only healthcare facility in the region capable of preparing blood and blood products;

4) had completed the construction of a state-of-the-art accident and emergency facility which is currently being equipped as part of the broader efforts to enhance emergency healthcare services, improve patient outcomes and provide advanced emergency closer;

5) was in the process of constructing and equipping a modern kitchen at the Wajir County Referral Hospital as part of its ongoing healthcare infrastructure

upgrades and significant budget allocations have been made. It is envisaged that the kitchen will enhance the hospital's capacity to provide overall healthcare quality;

6) has prioritized the construction of a perimeter wall around WCRH as part of its security and infrastructure enhancement. In addition, there are plans to construct and equip a modern mortuary.

63. The Committee was further informed that the County Government would facilitate public and stakeholder engagements in bid to unlock the impasse surrounding the incinerator project at the Wajir TB Center. Further the County Government would develop a policy on expired drugs.

2.3. MARSABIT COUNTY

2.3.1. Marsabit County Referral Hospital

64. The Committee conducted the oversight visit in Marsabit County on Wednesday, 30th April, 2025 and was able to tour the Marsabit County Referral Hospital (MCRH) and was taken through different departments to acquaint itself with the service provision in the Hospital.

65. During the tour, the Committee observed that-

a) There was a **major variance** between the **physical stock** and **recorded stock** in the **hospital pharmacy** with a significant difference between the actual quantity of medicine on the shelves and the amounts listed in inventory records. Further, the hospital pharmacy kept their records in a manual paper-based logs, system and registers rather than electronic or automated systems;

b) The **high-risk medication** such as Diazepam was neither recorded or stored securely in locked cupboards which would have predisposed them to unauthorized access and or misuse;

c) Prevalence of **expired drugs** and **medications** stored openly in the shelves, availed at wards and even stored at inappropriate locations such as disused lavatories and in open fields

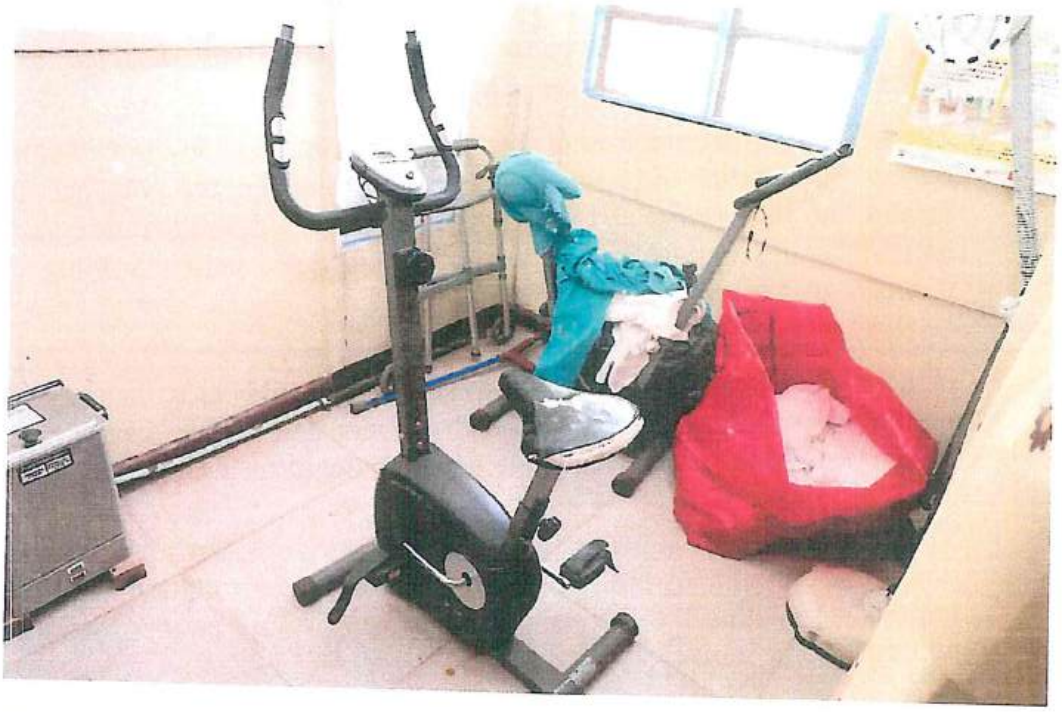
Picture 17: The Dumping of medical waste at the Marsabit County Teaching and Referral Hospital

Picture 18: Expired drugs stored in a disused lavatory at Marsabit County Referral Hospital

d) Cancer test results experience significant delays because the facility **lacks local diagnostic capacity** and most tests must be sent to distant laboratories for analysis causing prolonged turnaround time for results;

e) The Hospital i**nfrastructure** was **dilapidated** with evidence of continued neglect being witnessed in the leaking roofs, falling ceiling boards, missing electric bulbs and naked live wires;

Picture *19:* ***Dilapidated infrastructure at the Marsabit County Teaching and Referral Hospital***



Picture 20: The physiotherapy room at Marsabit County Referral Hospital has been converted into a storage area for used biomedical wastes and hazardous material

f) Medical **hazardous waste** was **dumped** in **undesignated point** posing a risk of exposure to infectious agents among the patients, healthcare personnel and the surrounding community. The Committee observed that **biomedical waste** including infectious and hazardous materials was discarded in the **backyard** near the mortuary;

Picture 21: The Committee obsrves the hazardous disposal of medical waste, as the hospital lacks an incinirator.

g) The key healthcare **personnel** were **absent** from their designated workstations during public duty time, the notable ones include the Medical Officer of Health, the Pharmacist and the Pediatrician. The Committee observed that this had led to disruptions in care provision, increased patient waiting times and reduced service quality;

h) The Committee observed that there was **weak supervision** and **accountability** of healthcare personnel in the Hospital. Reports indicated that key healthcare personnel including doctors, clinical officers and nurses, sometimes operate private clinics or pharmacies while being on the County Government payroll;

i) There were no bathrooms inside the female surgical wards and no clean water points within the ward reflecting critical infrastructural and sanitation deficiencies within the facility and severely affecting patient hygiene, dignity and infection control;

j) There were wheelchairs and other broken furniture left scattered and strewn all over the walkways to different units of the facility which indicated challenges in **equipment management** and **storage**;

k) There were **run down ambulances** which appeared to have been **poorly maintained** and/or no longer operational within the hospital compound. Some of these ambulances have been **repurposed as temporary storage facility** rather than service their intended emergency transport function;

Picture 22: Grounded ambulances.

l) There was **overgrown grass** and **unkempt compound** and yards all over the facility reflecting poor maintenance and increasing risks of harboring disease vectors like mosquitoes and rodents

m) The **casuals** reported that they had not received their **wages** for up to three (3) months leading to significant dissatisfaction and negatively affected the personnel morale and welfare. The Committee directed the CEC in charge of Health to ensure that the casuals were paid promptly and those that had voiced their concerns during the visit were not victimized.

2.3.2. Meeting with the Governor, Marsabit County

66. The Committee held a meeting with the Governor Marsabit County on 30th April, 2025 and was informed that the County Government of Marsabit-

a) had employed nine hundred and nineteen (919) healthcare personnel since 2017 to date bringing the total number of healthcare personnel in the County to one thousand, three hundred and fifty-three (1,353). These include thirty (30) nephrology nursing, radiologists, anesthetists;

b) had established one stop Mother and Child Complex at the Marsabit Teaching and Referral Hospital in order to address the high maternal and mortality ratio;

c) had further constructed and equipped a Bio Safety Regional Laboratory which provide advanced diagnostic capabilities ensuring the safety of patients and healthcare workers.

67. The Committee was further informed that-

a) The **imaging department** was **grossly understaffed** and face shortage of specialized personnel to run and interpret advanced diagnostic equipment. Further, the department experiences **frequent power outages** making it difficult for the healthcare workers to use the digital x-ray unit; and

b) The renal and dialysis units were established on 17th July, 2018 and equipped with equipment provided through the MES program. Since then, great milestones had been achieved including six (6) renal dialysis machines, increased clients accessing dialysis services to thirty-six (36) and increased the staff at the unit.

CHAPTER THREE

3. ANALYSIS OF COMMITTEE OBSERVATIONS

3.1.1. Infrastructure and Facility Conditions

69. Development and maintenance of healthcare facilities infrastructure is a function of the county governments. Adequate infrastructure enhances access to healthcare and contributes to high quality of outcomes. The three counties have made notable strides since advent of devolution with Mandera County operationalizing a comprehensive maternal and child health unit while Wajir County has reportedly developed over one hundred (100) public health facilities and constructed a new maternity and emergency units.

70. However, across the three counties, there is notable progress and reported persistent challenges and disparities in investment into increasing and improving healthcare facilities. Spending in the all the three counties has prioritized recurrent expenditure with key spending drivers being personnel emoluments, salaries and wages leaving a limited share for development, infrastructure and equipment. For instance, in FY 2024/25, Mandera County allocated only 17.6%, Wajir 21% and Marsabit 11.5% of their health budgets to development.

71. This underinvestment is evident in slow progress on expansion and modernization of existing healthcare infrastructure as well as inability to fully equip existing facilities. Indeed, the actual development spending in the three counties lags behind allocations. By the 2nd Quarter of FY 2024/25 Mandera County had spent Kshs. 131 million on development, Wajir County Kshs. 441 million while Marsabit County had spent nothing on development despite budgetary allocations.

72. Both Mandera and Wajir County facilities faces acute water scarcity coupled with inadequate plumbing characterized by missing water taps and shower heads in the wards visited. In Marsabit County, there are no bathrooms inside the female wards and no clean water points reflecting critical infrastructural and sanitation deficiencies within the facility and severely affecting patient hygiene, dignity and infection control. The gardens within the Marsabit County Referral Hospital were unkempt with over grown shrubs and grass visible around all walkways.

73. In Mandera and Wajir County there were no baby cots to adequately serve the maternity wards' needs. This shortage appeared to have affected the quality of neonatal care and ability to safely accommodate newborns. In Wajir County there were no mosquito nets in the maternity wards leading to possible inadequate protection against mosquito borne diseases such as malaria. The infrastructure gap manifests in lack of functional laundry and kitchens and poorly maintained ambulance services.

74. In all the three counties, there are glaring gaps in essential and specialized equipment and incomplete basic infrastructure projects. In Mandera for instance, several dialysis machines were unfunctional, broken down and/or required basic repairs or reagents.

In Wajir, the Committee was informed that six (6) dialysis machine had been procured and were scheduled to be delivered before the end of 2024/25 Financial Year. In Marsabit County Referral Hospital there were only three (3) Intensive Care Unit (ICU) beds.

75. Both Mandera and Marsabit counties reported significant infrastructure decay with healthcare facilities suffering from leaking roofs, missing electric bulbs, exposed wiring and poorly maintained wards. In all the three counties, the waiting bays are poorly furnished. Majority of healthcare facilities lack perimeter walls increasing the vulnerability to theft, vandalism and insecurity.

76. All the three counties rely heavily on manual, paper-based health records which hampers efficient patient management, inventory control and data accuracy. The Committee observed that data retrieval and patient management in all healthcare facilities led to delays in service delivery and complicated administrative processes. The Committee further observed that manual records are prone to damage, loss and errors which compromised care continuity and the accuracy of health data.

3.1.2. Human Resources for Health (HRH)

77. County governments through their respective departments of health are responsible for undertaking Human Resources for Health (HRH) management processes including recruitment, deployment, capacity building, performance appraisals, promotions and payments of salaries. Across the three counties visited by the Committee, there is evidence of chronic staffing shortage and skills gaps in virtually all the departments with critical units like the dialysis units operating below capacity due to insufficient trained personnel. Support services had further gaps and staff absenteeism was noted.

78. In all the three counties, healthcare facilities have untrained personnel dispensing medication, including community health promoters without basic pharmacy training raising concerns about patient safety and quality of care. Wajir and Marsabit counties particularly struggles with staffing deficits in specialized areas such as cancer care units. This is attributed to a number of factors that include high cost of remuneration of healthcare workers, natural attrition such as retirement, death and resignation without replacement and expansion in healthcare coverage.

79. It is observed that retention and motivation of healthcare workers remain problematic due to harsh working conditions, insecurity and inadequate support infrastructure. The lack of continuous professional development, training and promotion opportunities in these counties discourage healthcare workers from staying long-term. In Marsabit County, the Committee observed that casual workers who had been engaged to provide support services such as cleaning, gardening and other manual tasks had not been paid for inordinate long period exceeding more than two months. Delay in wages, poor working conditions, lack of protective equipment undermined staff morale. Absenteeism and working at private clinic while on public payroll were reported.

80. In all the three counties, specialist health workers were reported to be scarce undermining the quality and accessibility of healthcare services. This shortage has constrained the capacity to deliver specialized and quality healthcare services and the ability to function efficiently. It was observed that poor infrastructure, lack of essential equipment and supplies limits the ability of specialists to practice effectively and make postings in those counties unattractive.

81. In Mandera County, there were sophisticated equipment in specialized departments lacking human resource to operate them while in Marsabit County key personnel such as Medical Officer of Health, the County Pharmacist and Pediatrician were absent during the visit.

82. There were also skewed distribution of healthcare workers with the county referral hospitals appearing to be favored in staffing allocations leaving primary healthcare facilities understaffed and under resourced. It was observed that this has exacerbated delays in treatment and increases the burden on referral hospitals, which become overcrowded and overstretched. Lapses in facility management and weak staff supervision have hampered service delivery and perpetuated inefficiencies.

3.1.3. Health Sector Funding

83. Across the three counties it was reported that delayed exchequer releases and Social Health Authority (SHA) reimbursements, coupled with small proportions of own source revenue places strain on resources available to meet daily needs and expenditures of the healthcare facilities. Further, there were concerns that some reimbursement to the county governments by the defunct National Health Insurance Fund (NHIF) may be lost. It was reported that the health sector faced inadequate budget allocations due to limited fiscal space and unpredictable disbursement.

84. It is further observed that there is a mismatch and inconsistency in adherence to the county governments budget making and implementation process with recurrent budgetary allocation making up the biggest percentage of the total health sector budgets in the three counties. Health sector budgets are not aligned with health plans or targets leading to possible wastage of resources as evidenced by presence of expired drugs in different healthcare facilities.

85. The three counties received reimbursements under the Social Health Authority (SHA) with reports indicating that Wajir County has received more than Kshs. 11 million from SHA. However, the three counties indicated that there were delays in approving the reimbursement visiting the facilities with challenges related to operational capacity.

86. The Facility Improvement Fund Act was enacted in 2023 to provide for public health facility improvement financing and the management and administration of own source revenue generated by public health facilities. The three counties have made efforts to fulfil the FIF Act's requirements to enhance the management of own source revenue. However, some facilities operate without fully constituted management committees, delaying important decisions and affecting service delivery.

87. Mandera County has enacted the Mandera County Health Services Improvement Financing Bill, 2023 which provides a detailed framework for the collection, retention, and use of revenue generated by the healthcare facilities. On the other hand, Wajir County reported that there were efforts to automate most revenue streams to enhance own source revenue collection, retention and reduce leakage in addition to improving accountability in revenue management. On the other hand, Marsabit County.

3.1.4. Health Products and Technologies (HPTs)

88. Access to Health Products and Technologies (HPTs) is critical to provision of efficient primary healthcare. However, quality, access and affordability and provision of HPTs poses significant challenges in the three counties. The main suppliers of health products and technologies in the counties is Kenya Medical Supplies Agency (KEMSA). However, across the three counties, concerns were raised on the ability of KEMSA to supply all required HPTs which forced them to purchase from other suppliers. Nonetheless all the counties visited rely on external supplies due to limited local manufacturing.

89. In Wajir County, the Committee observed that the TB Manyatta lacks proper Personnel Protective Equipment (PPE) such as protective gowns and face masks which compromise the safety of healthcare workers and patients. Similarly, in the Marsabit County Referral Hospital sends most diagnostic tests to facilities outside the County due to inadequate local laboratory capacity causing delays in patient care. Further, in all the three counties, there is poor management and storage of equipment like wheelchairs.

90. During the visit widespread shortage of essential drugs and medical supplies across the three counties was reported. However, expired drugs were also found on shelves in several facilities indicating poor stock management and oversight. In some instances, these expired drugs were improperly stored and dumped in open fields or unused toilets, highlighting failures in waste management and incineration infrastructure. In Marsabit County, expired drugs and sanitizers were found at the wards indicating their routine use. Significant pending bills may have affected procurement and timely supply of medicine and non-pharmaceutical resources.

91. All facilities had challenges in implementing automated management of the pharmacy and non-pharmacy store from the receipt of supplies to dispensing to patients and hospital staff, a situation that exposed them to losses, unavailability of supplies and poor decision making. Facilities often lack trained pharmacy personnel. Across all the counties, absence of pharmacists or trained staff was observed which is likely to compromise proper handling, storage and dispensing of health products and technologies. For instance, in Mandera County, community health promoters were found dispensing medication.

92. Across the three counties, the requisite infrastructure to facilitate integration and effective use of digital technologies was lacking. Indeed, in one health facility, the healthcare personnel were using their own personal computers to key in details of the commodities in their pharmacy on simple record keeping computer applications such as excel.

The Committee observed discrepancies in the available manual records both in pharmacy and wards. This inaccurate data could have been a result of inconsistent data formats, missing data and/or duplicate records.

3.1.5. Emergency and Ambulance Services

93. In all the three counties visited, the Committee observed that the healthcare facilities do not have the optimum numbers of ambulances and requisite facilities to provide emergency services. There are no structures to facilitate referral of emergency services from one healthcare facility to the other.

94. The Committee observes that Wajir County has constructed a modern accident and emergency wing as part of its healthcare infrastructure upgrades, aiming to provide specialized emergency units and trauma centers. Further in response to recent emergencies including *kala-azar* disease outbreak the County had launched a rapid emergency relief initiative to support patients and vulnerable households. However, there is no evidence that basic emergency care facilities to reduce reliance on distant referral hospitals have been established at the subcounty level.

95. In Mandera County, the Committee was informed that mothers attend maternity service late, often arriving in critical condition. This was associated with weak referral systems and poor road infrastructure which hindered timely access to health facilities.

96. In Marsabit County, there were run down ambulance which appeared to have been poorly maintained and/or no longer operational within the Marsabit County Referral Hospital. Some of these ambulances have been repurposed as temporary storage facility rather than service their intended emergency transport function.

CHAPTER FOUR

4. COMMITTEE RECOMMENDATIONS

96. With the foregoing, the Committee recommends that the Council of Governors should ensure that all county governments-

a) Align their budget allocations with the County Integrated Development Plans (CIDP) to ensure long term healthcare infrastructure investments and ensure that in each Financial Year at least 30% of the county health sector budgets go towards development projects;

b) Expeditiously roll-out fully automated digital health records systems in all healthcare facilities to improve efficiency, allow quick access to patient history, enhance remote consultations and specialist care, enhance referral system, track disease and outbreak trends, and allow real time tracking of medical supplies;

c) Develop a county-wide master plan for healthcare infrastructure upgrades, prioritizing primary healthcare facilities, maternity and child wards, emergency units and hospital kitchens;

d) Develop and implement specific regulations for biomedical waste segregation and packaging that align with international best practices and national standards to ensure safe handling, minimize health risks and protect the environment;

e) Implement incentive programs to attract and retain specialist doctors especially in far flung counties through continuous professional development, regular and transparent promotion system, support mentorship and ensuring fair and timely remuneration for all healthcare personnel including casual workers;

f) Implement strict inventory audits to remove expired drugs and align recorded stocks with actual inventory and further develop a policy on expired drugs disposal to prevent misuse and environmental hazards;

g) Create an integrated referral infrastructure linking pre-hospital hospital, primary healthcare, ambulance services and emergency departments to ensure seamless patient transfer and care continuity; and

h) Ensure county governments representation in joint inspections of pharmacies, laboratories and healthcare facilities, collaborating with National regulatory bodies for quality assurance.

97. The Committee recommends that the County Assemblies should develop specific legislation that clearly defines the roles of the county governments on regulating health facilities, pharmacies and laboratories including retail outlets.

4.1. Governor, Mandera County

98. The Committee recommends to the Governor, Mandera County to-

a) ensure a continuous and adequate clean water supply and expeditiously install functional water taps and showerheads in all healthcare facilities and especially in hospital bathrooms and maternity wards to meet and comply with basic hygiene standards;

b) allocate sufficient resources to Mandera County Referral Hospital to expand the current bed capacity particularly in maternity and neo-natal units, equip the ICU and dialysis units to full operational status, procure sufficient bed and baby cots in maternity and neonatal units;

c) establish a functional laundry unit to maintain clean linen for patients especially mothers and new born children and support hygiene and reduce infection risks and construct perimeter walls around all healthcare facilities to safeguard premises, patients, healthcare personnel, and medical supplies;

d) allocate sufficient resources to implement and upgrade digital health records and automation in order to fully transition from manual records to digital health management information systems for better patient tracking and pharmacy management to improve accuracy and efficiency;

e) allocate sufficient resources to renovate and equip primary healthcare facilities with basic laboratory and maternity equipment to reduce incidences where mothers access prenatal and maternity services late often at critical condition;

f) develop integrated electronic emergency systems to enable timely sharing of patient health data between ambulances, emergency departments and healthcare facilities for effective patient triage and referrals;

g) allocate sufficient resources to recruit additional healthcare workers by targeting to increase the nurses, clinical officers and specialists by at least 20% within the 2025/2026 Financial Year and further initiate quarterly capacity building workshops and training;

h) recruit qualified pharmacists and/or pharmaceutical technologists to dispense drugs instead of relying on Community Health Promoters, ensuring compliance with Pharmacy and Poisons Act and further enforce strict inventory audits to remove expired drugs and align recorded stocks with actual inventory;

i) establish independent monitoring teams to conduct periodic audits to assess hospital infrastructure conditions, track planned renovation progress and ensure funds allocated for healthcare facility upgrades and hospital infrastructure are properly utilized; and

j) implement smart energy solutions by considering solar photovoltaic (PV) panels to generate clean renewable energy in order to improve healthcare facilities power supply and reduce operational costs.

4.2. To the Governor, Wajir County

99. The Committee recommends to the Governor, Wajir County to-

a) resolve litigation and fully implement the stalled incinerator project at Wajir Manyatta TB Center;

b) rehabilitate Wajir County dumpsite by resolving impending litigation disputes through stakeholder engagement and allocating sufficient resources to prevent environmental contamination and public health hazards;

c) rehabilitate dilapidated cottages, to procure rapid TB diagnostic equipment, provide adequate Personnel Protective Equipment (PPE), ensure reliable water supply, construct gender accessible washrooms, hire more laboratory technologist and construct a perimeter wall at Wajir Manyatta TB Center;

d) implement Electronic Medical Records at the Wajir Manyata TB Center in order to automate patient records and TB case tracking, improve monitoring and evaluation, and streamline referral protocols. Further, provide nutritional support to all TB admitted patients and launch TB awareness programs;

e) recruit additional healthcare personnel especially specialists, nurses, laboratory technologists and pharmacists and implement continuous professional development programs to upskill healthcare workers;

f) install functional clean water points and ensure consistent clean water supply and provide mosquito nets in maternity wards to protect newborns and mothers from mosquito-borne diseases;

g) roll-out fully automated digital health record system in all healthcare facilities to improve efficiency in patient management and drug inventory and introduce strict pharmaceutical inventory controls and audits;

h) establish and maintain a centralized ambulance dispatch system for real time coordination of emergency response and ensure adequate ambulance are provided and properly maintained and in operation for emergency referrals;

i) upgrade hospital kitchens to provide quality and nutritious meals for admitted patients and further establish strategies to address complaints regarding poor diet and mistreatment of patients in healthcare facilities in real time; and

j) establish routine maintenance and repair programs to implement scheduled maintenance plans for hospital buildings, equipment and utilities and further create dedicated hospital maintenance units to handle repairs, plumbing, electrical works and sanitation.

4.3. To the Governor, Marsabit County

100. The Committee recommends to the Governor, Marsabit County to-

a) urgently renovate leaking roofs, broken ceilings, exposed wiring and missing taps in Marsabit County Referral Hospital and ensure all wards have functional bathrooms, clean water supply and proper ventilation.

b) expeditiously construct bathrooms inside female surgical wards for improved hygiene and patient dignity;

c) leverage on technology and utilize digital tools to centralize document storage, automate checklists and secure backup for quick retrieval of medical records and data;

d) establish a framework for regular and periodic audits covering critical areas in healthcare provision such as prescribing practices, controlled substance management and pharmacy records to align with the best practices;

e) collaborate closely with the Pharmacy and Poisons Board (PPB) and other regulatory agencies for joint inspections, ensuring county representation during compliance checks of pharmacies and health product outlets;

f) expeditiously replace run-down ambulances with fully functional emergency and response units ensuring that they meet specified standards and are adequately equipped for different emergency cases;

g) increase the number of available ambulances to meet international ambulance-to-population ratio and maintain a centralized ambulance database for efficient deployment and monitoring;

h) enforce strict regulations requiring that biomedical waste is treated and properly disposed of within a maximum recommended duration from generation to prevent accumulation and reduce health hazards;

i) create a policy to prohibit improper storage of untreated biomedical waste and dumping of medical hazardous wastes in beyond stipulated time and undedicated places, stipulating clear sanctions for non-compliance including penalties for individuals and facilities;

j) develop clear policies that regulate dual practice and conduct regular and periodic monitoring of attendance and performance to ensure that healthcare workers fulfil their public sector obligations; and

k) resolve delayed salaries for casual workers, ensuring timely remuneration and foster positive employees' relations through regular feedback, supportive supervision and participatory decision-making.

13TH PARLIAMENT |4TH SESSION

MINUTES OF THE SEVENTEENTH SITTING OF THE STANDING COMMITTEE ON HEALTH HELD ON MONDAY, 28TH APRIL, 2025 AT 12.00 PM IN HEALTHCARE FACILITIES AND THE OFFICE OF THE GOVERNOR, MANDERA COUNTY

MEMBERS PRESENT

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

ABSENT WITH APOLOGY

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

IN ATTENDANCE

1. Sen. Mohammed Abbas, CBS, MP - Friend of the Committee

SENATE SECRETARIAT

1. Mr. Humphrey Ringera - Senior Research Officer
2. Mr. David Ngamate - Clerk Assistant
3. Mr. Ian Otieno - Audio Assistant
4. Mr. Ibrahim Odindo - Serjeant-At-Arms
5. Mr. Kevin Lomenen - Media Relations Officer

IN ATTENDANCE

MANDERA COUNTY EXECUTIVE

1. Hon. Mohamed Adan Khalif - Governor
2. Mr. Billow Issack Hassan - County Secretary
3. Ms. Mumtaza Bishar Somo - County Executive Committee Member, Health Service
4. Mr. Hussein Adam Somo - County Attorney

5. Mr. Bashir Ibrahim - County Executive Committee Member, Education and Human Capital Development
6. Mr. Ali Dakane - County Executive Committee Member, Trade and Cooperative Development
7. Mr. Hussein Adam Somo - County Attorney
8. Mr. Okash Abdullahi - Chief Executive Officer (CEO) Mandera County Teaching and Referral Hospital
9. Hon. Omar Mohammed Maalim - Speaker, Mandera County Assembly

MIN/SEN/SCH/095/2025 **PRELIMINARIES**

The Committee congregated at the Office of the Governor, Mandera County for a courtesy call and proceedings commenced with a word of prayer. Thereafter the Committee proceeded for oversight visits to different healthcare facilities as scheduled.

MIN/SEN/SCH/096/2025 **OVERSIGHT VISIT TO MANDERA COUNTY TEACHING AND REFERAL HOSPITAL**

1. The Committee visited the Mandera County Referral Hospital (MCRH) on Monday, 28th April, 2025 accompanied by Mr. Billow Issack Hassan, the County Secretary, Ms. Mumtaza Bishar Musa, the County Executive Committee Member (CECM) in charge of Health Services and was received at the hospital by the Chief Executive Officer;
2. The Committee was informed that MCRH, formerly known as Mandera District Hospital, is the principal public healthcare facility in Mandera County. It is located in Mandera Town and serves as the county's main referral and specialized care center after being upgraded from level 4 facility to level 5 in 2016. The hospital provides a comprehensive range of inpatient and outpatient services, including, general medical and surgical care, maternal and child health services, emergency and referral services and specialized clinics and diagnostic services;
3. The Committee was further informed that the hospital has a catchment of 148,000 people living in and around the County. It also serves cross-border patients from neighboring Ethiopia and Somalia, reflecting the unique geographic and epidemiological context in the County. The hospital is also a training center for health workers and actively participates in disease outbreak response and control, especially for communicable diseases prevalent in the border region;
4. The County was informed that the hospital has a bed capacity of 209 which included general inpatient beds and specialized units. It has two hundred and sixty-three (263) members of medical staff who include, twelve (12) specialists, twenty-two (22) doctors and one hundred and ten (110) nurses;

5. The Committee toured different hospital departments including the, outpatient, inpatient, Intensive Care Unit (ICU), radiology department, the laboratory, the maternity, the renal unit, the pharmacy, the blood bank, the Tuberculosis (TB) clinic and specialized clinics such as dental unit;

6. The Committee was informed that the renal unit has three (3) functional dialysis machines and during the current Financial Year (2024/2025), five (5) more have been procured;

7. The Committee was further informed that the County owes Kenya Medical Supplies Authority (KEMSA) approximately Kshs. 82.93 million in unpaid medical supplies debts;

8. The Committee was informed that the hospital is primarily funded through, equitable share from National Government, conditional grants, Managed Equipment Services (MES), Social Health Authority (SHA) reimbursement, donor support and loans and own source revenue (Facility Improvement Fund);

9. The Committee was informed that the main challenges facing the MCRH include-

   (1) Erratic supplies by the Kenya Medical Supplies Authority (KEMSA) which leads to missing key supplies like radiology, laboratory supplies;
   (2) Inadequate Skilled Personnel associated with the insecurity and harsh working conditions which have led to poor attraction and retention of skilled health workers;
   (3) Poor Infrastructure and Equipment Utilization, while the hospital has received advanced medical equipment such as dialysis machines, CT scanners, there is under-utilization due to lack of trained personnel, inadequate supporting infrastructure such as space and power supply, and maintenance challenges;
   (4) severe staffing shortages due to high resignations especially in nursing and clinical departments leading to critical gaps in service delivery at the facility including the referral hospital;
   (5) the Universal Health Coverage (UHC) staff in the County are employed on contract terms with low stipends rather than permanent and pensionable terms which leads to incessant agitation for absorption into permanent employment;
   (6) the Hospital is significantly affected by the persistent, frequent, prolonged and severe power outages and interruptions which disrupts hospital operations, including critical services that depend on continuous power such as emergency care, diagnostic and refrigeration of medicine and vaccines;
   (7) delays in receiving reimbursements from Social Health Authority (SHA) which strains the cash flow and operational capacity; and
   (8) many essential diagnostic tests require sending samples to Nairobi causing costly delays in receiving results and affects timely clinical decision-making.

MIN/SEN/SCH/097/2025 **OVERSIGHT VISIT TO KHADIJA DISPENSARY**

1. The Committee conducted an oversight visit to Khadija Dispensary within the Mandera Town and was received at the facility by the Clinical Officer in charge. The Committee was informed that the facility serves approximately 10,000 people from the local community;
2. The Committee was informed that the facility has ten (10) members of staff majority of whom are the Community Health Promoters (CHPs). However, the facility lacks a pharmacist or a pharmaceutical technologist and drugs are dispensed by the CHPs.

MIN/SEN/SCH/098/2025 **MEETING WITH THE GOVERNOR, MANDERA COUNTY.**

3. The Committee held as meeting with the Governor, Mandera after the oversight visit for a debriefing and sharing of the preliminary findings with the Executive and informed the Governor that during the oversight visit, the following observations had been made-

About Mandera County Teaching and Referral Hospital

1) The Committee observed that the MCTRH offers a range of specialized department and units such as the maternity, renal, mental health, oncology, critical care, diagnostics, and surgery, which are designed to provide comprehensive healthcare services and serve as a training and research center for the County;

2) The hospital faces water scarcity which is exacerbated by recurrent droughts, and poor distribution and storage infrastructure and facilities. This was severely affecting hygiene in the hospital and patient care, as such there is need for rehabilitation and expansion of water infrastructure in the hospital including installation of missing water taps and shower heads in the handwash basins and bathrooms;

3) The Committee observed glaring absence of tap water and shower heads in the maternity wing a clear deviation from Health Infrastructure Norms and Standards (2017) set by the Ministry of Health requiring that all health facilities have sufficient and clean piped water supply at all times for drinking, personal hygiene;

4) The maternity wing does not have fixed mosquito nets installed over beds. However, it was observed that the County Government has been actively distributing insecticide treated mosquito nets to mothers with newborns when they leave hospital;

5) Further, the maternity wards lack sufficient baby cots to adequately serve the maternity wards' needs. It was observed that such shortage is likely to affect the quality of neonatal care and ability to safely accommodate newborns especially given the role of the facility as a referral center;

6) There is no functional laundry unit to ensure patients always have access to clean linen at the facility despite some recent infrastructural upgrades. This is likely to increase the risk of healthcare associated infections, compromise patient comfort and dignity and place strain on hospital operations;

7) The health data management and patient records remain manual and the facility relies on predominantly on manual health records affecting efficiency, data accuracy and timely access to patient information;

8) The waiting bays at the facility are not properly furnished and lack adequate seating areas for patients and visitors. This shortfall affects patient and may contribute to discomfort;

9) Whereas the renal unit has five dialysis machines, only three were operational which coupled with staff shortage limited the capacity of the facility to provide adequate dialysis treatment to patients with chronic kidney disease;

10) The facility faces challenges related to the management of drug issuance and pharmacy records, several records including a record of expired drugs and controlled substances contained discrepancies.

About Khadija Dispensary

4. The Committee had observed that the healthcare facility was well maintained and clean. However, the Committee observed that-
    1) the facility did not have a pharmacist nor a pharmacy technologist to dispense drugs and as such was utilizing the Community Health Promoters to dispense medicine;
    2) the facility lacks a functioning incinerator for proper and safe disposal of medical waste which is likely to contribute to unsafe waste management practices and poses health risks to staff and the neighbouring community; and
    3) there is no perimeter wall at the facility which is likely to impact on the facility's security, theft of medical supplies, equipment and medicine as well as vandalism.

Submission by the Governor

5. The Governor informed the Committee that-
    1) The County has made significant strides in improving the provision of healthcare services focusing on accessibility, quality and infrastructure development to meet the needs of its constituents;

2) The County has equipped and upgraded the MCTRH to enhance its capacity to provide specialized and referral services including in maternal and child health, renal analysis and emergency care;

3) The County has increased healthcare workers including medical officers and there are plans to hire more nurses. Further there are continuous efforts to train and deploy more healthcare personnel in critical areas.

4) The County faces challenges due to porous borders including outbreaks of diseases. However, the County has managed and controlled these outbreaks through coordinated public health interventions.

MIN/SEN/SCH/099/2025 **ADJOURNMENT /ANY OTHER BUSINESS**

There being no other business, the meeting was adjourned until the following day.

SIGNED..... **DATE**.....01/08/2025.....

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

13TH PARLIAMENT |4TH SESSION

MINUTES OF THE EIGHTEENTH SITTING OF THE STANDING COMMITTEE ON HEALTH HELD ON TUESDAY, 29TH APRIL, 2025 IN, MANDERA COUNTY

MEMBERS PRESENT

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

ABSENT WITH APOLOGY

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

IN ATTENDANCE

1. Sen. Mohammed Abbas, CBS, MP - Friend of the Committee

SENATE SECRETARIAT

1. Mr. Humphrey Ringera - Senior Research Officer
2. Mr. David Ngamate - Clerk Assistant
3. Mr. Ian Otieno - Audio Assistant
4. Mr. Ibrahim Odindo - Serjeant-At-Arms
5. Mr. Kevin Lomenen - Media Relations Officer

IN ATTENDANCE

1. Hon. Mohamed Adan Khalif
2. Mr. Billow Issack Hassan
3. Ms. Mumtaza Bishar Somo

MANDERA COUNTY EXECUTIVE

- Governor
- County Secretary
- County Executive Committee Member, Health Service

MIN/SEN/SCH/100/2025 **PRELIMINARIES**

The Committee congregated at the Office of the Governor, Mandera County for a debriefing meeting and presentation of its preliminary findings and proceedings commenced with a word of prayer. Thereafter those present introduced themselves.

MIN/SEN/SCH/101/2025 **VISIT TO ADRA HEALTH CENTER ELWAK**

1. The Committee conducted an oversight visit to ADRA Health Centre in Elwak Sub County on 29th April, 2025 and was informed that the facility was incepted by the Adventist Development and Relief Agency (ADRA) and has been providing health services in Mandera and other neighbouring counties.
2. The Committee was informed that the facility recently submerges during heavy rains and floods. The Committee observed that the facility faces challenges related to poor physical conditions which include lack of proper infrastructure and equipment which compromises patient comfort and care quality;
3. The Committee observed that there is general scarcity of qualified health workers in the facility; it lacked a qualified pharmaceutical technologist and drugs were being dispensed by community health assistant. Further the Committee observed presence of expired drugs in the shelves and improper storage of hazardous medical wastes coupled with poor drug management; and
4. The Committee further observed the facility was collecting the Facility Improvement Funds (FIF) following the operationalization of the County Health Services Improvement Financing Act, 2024. However, the facility management committee was not dully constituted which delayed decision making.

MIN/SEN/SCH/102/2025 **VISIT TO ELWAK SUB COUNTY HOSPITAL (LEVEL 4)**

1. The Committee conducted an oversight visit to Elwak Sub County Hospital, a level 4 public health facility in Elwak Town providing outpatient, inpatient, maternity, surgical and emergency services on 29th April, 2025. The facility receives cross-border patients who regularly cross to seek healthcare services. Many of these cross-border patients are not vaccinated, lack proper documentation and presents communication challenges due to language barrier;
2. The Committee was informed that the facility has a bed capacity of approximately one hundred and three (103) beds including beds in Intensive Care Unit (ICU) and High Dependency Unit (HDU). Further the facility has three operating theaters dedicated to trauma, maternity and general surgery.
3. The Committee was informed that the facility was improved in 2024 which included an upgrade of its infrastructure and services. However, the hospital faces challenges typical of the region including staff shortage, equipment breakdowns and supply constraints.

4. The Committee observed that the hospital faces significant challenges related to water scarcity. However, the facility was utilizing water trucking and rapid response maintenance teams were supplying portable water to mitigate the impacts of scarcity.

5. The Committee observed the maternity ward supported by the new born unit handles multiple deliveries daily estimated to be between 10 and 15. However, the Committee was informed that mothers attend maternity service late, often arriving in critical condition. This is associated with weak referral systems, poor road infrastructure and insecurity which hinders timely access to health facilities.

MIN/SEN/SCH/103/2025 **ADJOURNMENT /ANY OTHER BUSINESS**

There being no other business, the oversight visits ended and the delegation thanked the hosts for their cooperation during the tours.

SIGNED..... **DATE**.01/08/2025.....

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

13TH PARLIAMENT |4TH SESSION

MINUTES OF THE NINTEENTH (19TH) SITTING OF THE STANDING COMMITTEE ON HEALTH HELD ON TUESDAY, 28TH APRIL, 2025 AT 11.00 A.M. IN HEALTH FACILITIES, IN WAJIR COUNTY

MEMBERS PRESENT

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

ABSENT WITH APOLOGY

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

IN ATTENDANCE

1. Sen. Mohammed Abbas, CBS, MP

SENATE SECRETARIAT

1. Mr. Humphrey Ringera - Senior Research Officer
2. Mr. David Ngamate - Clerk Assistant
3. Mr. Ian Otieno - Audio Assistant
4. Mr. Ibrahim Odindo - Serjeant-At-Arms
5. Mr. Kevin Lomenen - Media Relations Officer

IN ATTENDANCE — WAJIR COUNTY EXECUTIVE

1. Ms. Habiba Ali - County Executive Committee Member (CECM) Health Services
2. Ms. Fardosa Bishar - Chief Officer for Medical Services
3. Dr. Dahir Somo - Chief Executive Officer (CEO) Wajir County Teaching and Referral Hospital
4. Mr. Jimale Hassan - Deputy CEO Wajir County Teaching and Referral Hospital

MIN/SEN/SCH/104/2025 **PRELIMINARIES**

The Committee delegation commenced the tour of health facilities Wajir County by converging and paying a courtesy call to FCPA. Ahmed Abdulahi, EGH and thereafter proceeded to visit healthcare facilities within the County.

MIN/SEN/SCH/105/2025 **VISIT TO WAJIR MANYATTA TB CENTRE (WAJIR TB MANYATTA SUB-COUNTY HOSPITAL)**

1. The Committee visited the Wajir Manyatta TB Centre on Tuesday 29th April, 2025 accompanied by Ms. Habiba Ali Maalim, the County Executive Committee Member (CECM) in charge of Health Services and a host of officers from the Health Department in the County. The Committee was received at the facility by Mr. Hussein Mohamed
2. The Committee was informed that the TB Manyatta was started in the late 1970s by Italian Nun who recognized the unique challenges of treating Tuberculosis (TB) in the region. The Centre was built like traditional dwellings (Manyatta) next to a health centre in order to create a village like environment where patients could stay the full course of directory observed therapy ranging between four to six months. This arrangement would allow daily supervision of medication and improved nutritional support;
3. During the visit the Committee made the following observations-
    (1) There is a stalled modern incinerator project which had initially been funded by the World Bank. On completion the project would address ongoing challenges at the facility and neighbouring healthcare institutions including the improper disposal of medical waste. The Committee was informed that the project had stalled due to litigation in Courts by different stakeholders;
    (2) The TB Manyatta treats patients from Wajir and the neighbouring counties including those from neighbouring country. However, the cottages are dilapidated which poses significant challenges related to safety and adequacy of infrastructure for the patients, indeed many of the cottages had reportedly been condemned for demolition and there was no recent refurbishment or upgrading;
    (3) The TB Center lacks a proper perimeter wall/fence which posed safety and security concerns to the patients, staff and medical supplies at the facility. The Committee observed that this could also hinder effective infection control and expose the facility to risks of unauthorized access;
    (4) The TB Center lacks proper Personnel Protective Equipment (PPE) such as protective gowns and face masks which compromise the safety of healthcare workers and patients. Further there is no modern laboratory to handle TB specimens safely;

(5) The Centre suffers from poor record keeping which hampers efficient patient management, tracking of treatment progress and overall accountability of patients and dispensed drugs. The Committee observed that untrained personnel were involved in dispensing medication and the County pharmacists could not sufficiently respond to basic concerns by the Committee;

(6) The Centre was also being used as a dumping ground and a store for expired drugs and medications improperly. This was coupled with inadequate drug storage and expired drug disposal measurers raising concerns about safety and pharmaceutical management;

(7) The patients at the TB Centre complained and expressed dissatisfaction about poor diet citing quality, adequacy and nutritional value and general mistreatment by the members of staff. They further complained about poor safety conditions, lack of essential supplies like mosquito nets and neglect which exacerbated hardships during treatment.

MIN/SEN/SCH/106/2025 **VISIT TO HODHAN DISPENSARY**

1. The Committee visited Hodhan Dispensary, a public health facility classified as a dispensary that provides basic outpatient health services, including family planning ad was received by the facility in-charge, a clinical officer by training.
2. The Committee was informed that the dispensary is a small outpatient health facility usually managed by a clinical officer and registered nurses who provide primary healthcare services such as immunizations, family planning and treatment of common ailments. The dispensary serves between 20 and 40 patients daily and do not have inpatient beds;
3. The Committee observed that the dispensary lacks a pharmacist and/or pharmaceutical technologist and drugs are usually dispensed by community health promoters. Indeed, most services at the facility were being provided by the community health promoters under the guidance of the clinical officer in-charge;
4. The Committee lauded the efficiency and performance of the clinical officer in-charge and observed that while the facility had a potential to serve a bigger catchment area it lacked a space for expansion and there was no significant infrastructural investment by the County Government.

MIN/SEN/SCH/107/2025 **VISIT TO THE WAJIR COUNTY DUMPSITE**

1. The Committee conducted an oversight visit Wajir County dumpsite in the outskirts of the Wajir Town on Tuesday, 29th April, 2025;

2. During the visit the Committee observed evidence of improper dumping of toxic waste which posed environmental health risks. The Committee observed hazardous and toxic wastes including biomedical wastes and pesticides raising concerns about contamination of soil and water sources considering the water levels in Wajir Town;

3. The Committee was informed that the neighbouring community had also raised concerns about respiratory issues, skin infections and observed that raw sewage was also being dumped at the dumpsite because the town lacked a proper sewerage system.

MIN/SEN/SCH/108/2025 **VISIT TO WAJIR COUNTY REFERRAL HOSPITAL (WCRH)**

1. The Committee conducted an oversight visit to Wajir County Referral Hospital (WCRH), a level 5 hospital on Tuesday 29th May 2025 and was received by Dr. Dahir Somon, the Chief Executive Officer of the Hospital;

2. The Committee was informed that Wajir County Referral Hospital has a total bed capacity of one hundred and fifty-four (154) inpatient beds and a staff compliment of about one hundred and three (103) healthcare personnel. The Hospital provides a range of services including maternity care, emergency treatment, renal services and increasingly cancer care. The hospital was also a key center for managing infectious diseases including the recent surge of *kala-azar* outbreak;

3. The Committee observed that-

   (1) Wajir County Referral Hospital offers cancer related therapies in effort to manage the prevalence of cancer cases in the County. However, the hospital lacks a full oncology workforce and most patients requiring advanced treatment were referred to regional center in Garissa County;

   (2) There is inadequate pharmaceutical management and oversight. It was observed that untrained personnel were involved in drug dispensing and they utilized manual record keeping posing a risk of errors. Indeed, the Committee observed discrepancies between physical and recorded stocks;

   (3) There was poor storage of drugs classified as controlled substance and requiring strict handling and storage conditions. The Committee specifically observed discrepancy in the inventory on Diazepam, one such controlled drug. Fewer physical stocks were available as opposed to recorded inventory raising concerns on possible pilferage and misuse;

   (4) The Hospital offers maternity services including prenatal and postnatal care and is SHA accredited indicating it meets certain quality standards. However, there were several challenges related to understaffing and inadequate infrastructure. The maternity wards did not have mosquito nets alongside unmaintained laundry equipment which was identified as main challenge affecting maternal and new born care;

(5) The maternity wards do not have running water severely affecting hygiene and posing challenges of infection control and overall quality of maternal care. The Committee observed that there were risks of neonatal infections and inadequate water supply made it difficult to clean rooms, equipment and linens properly compromising care delivery;

(6) The Committee observed that Wajir County Referral Hospital was upgrading its infrastructure including, maternity infrastructure and a modern accident and emergency wing which was nearing completion. It was observed that this facility would support already existing infrastructure and enhance maternity and other healthcare services.

MIN/SEN/SCH/109/2025 **ADJOURNMENT /ANY OTHER BUSINESS**

There being no other business, the oversight visit ended at six o'clock

SIGNED.....**DATE**...01/08/2025...

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

13TH PARLIAMENT |4TH SESSION

MINUTES OF THE TWENTIETH (20TH) SITTING OF THE STANDING COMMITTEE ON HEALTH HELD ON TUESDAY, 30TH APRIL, 2025 AT 8.00 A.M. IN WAJIR COUNTY, GOVERNOR'S BOARDROOM

MEMBERS PRESENT

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

ABSENT WITH APOLOGY

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

SENATE SECRETARIAT

1. Mr. Humphrey Ringera - Senior Research Officer
2. Mr. David Ngamate - Clerk Assistant
3. Mr. Ian Otieno - Audio Assistant
4. Mr. Ibrahim Odindo - Serjeant-At-Arms
5. Mr. Kevin Lomenen - Media Relations Officer

IN ATTENDANCE

WAJIR COUNTY EXECUTIVE

1. FCPA. Ahmed Abdulahi, EGH - Governor,
2. Mr. Hillow Issack - County Secretary,
3. Ms. Farhiye Abdille - County Executive Committee Member (CECM) Public Service and County Administration
4. Ms. Habiba Ali - County Executive Committee Member (CECM) Health Services
5. Ms. Fardosa Bishar - Chief Officer for Medical Services
6. Dr. Dahir Somo - Chief Executive Officer (CEO) Wajir County Teaching and Referral Hospital

7. Mr. Jimale Hassan - Deputy CEO Wajir County Teaching and Referral Hospital

MIN/SEN/SCH/110/2025 **PRELIMINARIES**

The committee held a de-briefing meeting with the Governor and the County Executive on Wednesday, 30th April, 2025 at 8:00 am. The meeting commenced with a word of prayer and those present introduced themselves.

MIN/SEN/SCH/111/2025 **MEETING WITH THE GOVERNOR AND THE COUNTY EXECUTIVE, WAJIR COUNTY.**

1. The Committee held a de-briefing meeting to present its preliminary report and informed the Governor that during the visit to different health care facilities, the following observations were made-
   1) The Wajir County Referral Hospital is undergoing significant infrastructural upgrades including construction of a new maternity block as a broader part to modernize healthcare service provision and to decongest the existing healthcare infrastructure;
   2) However, there was evidence of complacence and sense of entitlement among healthcare workers at the public healthcare facilities which was likely to affect service delivery;
   3) The Hospital is heavily reliant on manual systems with little to no automation of healthcare services despite its mission to provide technology driven and evidence-based health services. There was manual record keeping and paper-based system affecting inventory management, patient records and service delivery efficiency. For instance, while the Committee was informed the hospital conducts an average of ten (10) deliveries, only two were recorded;
   4) The Hospital and other public healthcare facilities suffer from poor water supply and sanitation infrastructure with majority of wards lacking water, missing taps and shower heads in the bathroom and especially maternity wards which posed a risk of waterborne diseases;
   5) The healthcare facilities lack clearly established, functional and operational kitchens implying challenges in providing in-house patient nutrition services. Most of the facilities outsource food;
   6) The healthcare facilities lack fully functional laundry facilities including washing machines, dryers and ironers impacting on their ability to maintain clean linens and garments which is critical for patient care and infection prevention;

7) The maternity wards do not have fixed mosquito nets leading to possible shortage and/or inadequate protection against mosquito borne diseases such as malaria. Further, the maternity wards do not have sufficient baby cots for use by new born babies and their mothers;

8) There was need to establish a dedicated department, unit or a section within the healthcare facilities to address routine maintenance and repair in each healthcare facility;

9) There is need for spatial and structural planning of the referral hospital. There are so many buildings scattered all over the plot;

2. The Committee was informed that the County Government of Wajir-
   (1) had converted the Covid-19 Centre into a level 4 healthcare facility in bid to decongest the Wajir County Referral Hospital;
   (2) would undertake the public participation on the incinerator project and also develop a policy on expired drugs; and
   (3) had purchased a laundry machine that was expected to be delivered within the month and there were further plans to deliver desalination equipment;

MIN/SEN/SCH/112/2025 **ADJOURNMENT /ANY OTHER BUSINESS**

There being no other business, the meeting ended at 10' o'clock and the Committee proceeding for oversight visits to Marsabit County.

SIGNED..... **DATE** 01/08/2025

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

13TH PARLIAMENT |4TH SESSION

MINUTES OF THE TWENTY FIRST (21st) SITTING OF THE STANDING COMMITTEE ON HEALTH HELD ON WEDNESDAY, 30TH APRIL, 2025 AT 10.00 A.M. IN HEALTH FACILITIES, MARSABIT COUNTY

MEMBERS PRESENT

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

ABSENT WITH APOLOGY

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

SENATE SECRETARIAT

1. Mr. Humphrey Ringera - Senior Research Officer
2. Mr. David Ngamate - Clerk Assistant
3. Mr. Ian Otieno - Audio Assistant
4. Mr. Ibrahim Odindo - Serjeant-At-Arms
5. Mr. Kevin Lomenen - Media Relations Officer

MARSABIT COUNTY EXECUTIVE

1. Mr. Malicha Wario - County Executive Committee Member (CECM) Health Services
2. Dr. Arero Halkano - Chief Officer Medical Health
3. Dr. Duba Doyo Abduba - Sub County Medical Officer of Health
4. Mr. Delea Edward - Director of Administration

MIN/SEN/SCH/113/2025 **PRELIMINARIES**

The Committee delegation commenced the tour of Marsabit County Health facilities by paying a courtesy call to Hon. Mohamed M. Ali, the Governor, Marsabit County and thereafter proceeded to the Marsabit County Referral Hospital.

MIN/SEN/SCH/114/2025 **OVERSIGHT VISIT TO MARSABIT COUNTY REFERRAL HOSPITAL**

1. The Committee visited Marsabit County Referral Hospital on Wednesday 30th May 2025 and was received by Dr. Duba Doyo Abduba, the Sub County Medical Officer of Health and the Chief Executive Officer of the Marsabit County Referral Hospital;
2. The Committee was informed that Marsabit County Referral Hospital, formerly known as Marsabit District Hospital is a level 5 facility that serves as the primary referral center for Marsabit County and also caters as patients from neighboring counties. The hospital has a bed capacity of one hundred and three (103) providing both inpatient and outpatient services.
3. The Committee was informed that the Hospital has undergone significant upgrades as part of the broader health sector modernization initiative, which includes improvements in infrastructure, expansion of healthcare access and enhancement of service delivery systems. To this end, the County Government has also recruited an additional nine hundred and nineteen (919) healthcare workers since 2017 bringing the total healthcare providers in the county to One thousand, three hundred and fifty-three (1,353);
4. During the oversight visit the Committee made the following observations-
   (1) there was a major variance between the physical stock and recorded stock in the hospital pharmacy with a significant difference between the actual quantity of medicine on the shelves and the amounts listed in inventory records;
   (2) the high-risk medication such as Diazepam was neither recorded or stored securely in locked cupboards which would have predisposed them to unauthorized access and or misuse;
   (3) the Hospital pharmacy kept their records in a manual paper-based logs, system and registers rather than electronic or automated systems. The Committee observed that this would lead to stockouts or overstocking if not carefully managed;
   (4) Cancer test results experience significant delays because the facility lacks local diagnostic capacity and most tests must be sent to distant laboratories for analysis causing prolonged turnaround time for results;
   (5) There was overgrown grass and unkempt compound and yards all over the facility reflecting poor maintenance and increasing risks of harbouring disease vectors like mosquitoes and rodents;

(6) There were no bathrooms inside the female surgical wards and no clean water points within the ward reflecting critical infrastructural and sanitation deficiencies within the facility and severely affecting patient hygiene, dignity and infection control;

(7) There were wheelchairs left scattered and strewn all over the walkways to different units of the facility which indicated challenges in equipment management or storage;

(8) The facility lacks proper and safe disposal of biomedical waste including infectious and hazardous materials which were discarded in the backyard near the mortuary;

(9) While the County Government and the Hospital management had reported employing pediatricians and other specialists during the visit, they were not physically present at the facility. Upon inquiry, the Committee was informed that some were engaged in other places of work while others operated private facilities in Marsabit Town;

(10) There were expired drugs in the facility with some being stored in inappropriate places such as abandoned and unused lavatory while others were actually present in the wards indicating they were routinely being used posing significant risks to patients; and

(11) The casuals reported that they had not been paid for up to three (3) months leading to significant dissatisfaction.

MIN/SEN/SCH/115/2025 **ADJOURNMENT /ANY OTHER BUSINESS**

There being no other business, the tour ended at one p.m. and the Committee proceeded to a de-briefing meeting with the Governor.

SIGNED..... **DATE**...01/08/2025.....

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

13TH PARLIAMENT |4TH SESSION

MINUTES OF THE TWENTY SECOND SITTING OF THE STANDING COMMITTEE ON HEALTH HELD ON WEDNESDAY, 30TH APRIL, 2025 AT 2.00 PM IN GOVERNOR'S BOARDROOM, MARSABIT COUNTY

MEMBERS PRESENT

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

ABSENT WITH APOLOGY

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

SENATE SECRETARIAT

1. Mr. Humphrey Ringera - Senior Research Officer
2. Mr. David Ngamate - Clerk Assistant
3. Mr. Ian Otieno - Audio Assistant
4. Mr. Ibrahim Odindo - Serjeant-At-Arms
5. Mr. Kevin Lomenen - Media Relations Officer

IN ATTENDANCE

1. Mr. Mohamud Mohamed Ali
2. Mr. Solomon Riwe
3. Mr. Galma Galma
4. Mr. Malicha Wario
5. Mr. Issa Garone
6. Dr. Arero Halkano

MARSABIT COUNTY EXECUTIVE

- Governor
- Deputy Governor
- Chief of Staff
- County Executive Committee Member Health Services
- County Executive Committee Member, Roads, Transport and Public Works
- Chief Officer Medical Health

MIN/SEN/SCH/116/2025 **PRELIMINARIES**

The meeting was called to order at two o'clock and the proceedings commenced with a word of prayer followed by a round of introductions.

MIN/SEN/SCH/117/2025 **MEETING WITH THE GOVERNOR, MARSABIT COUNTY**

1. The Committee informed that the County Government-
    1) had employed nine hundred and nineteen (919) healthcare personnel since 2017 to date bringing the total number of healthcare personnel in the County to one thousand, three hundred and fifty-three (1,353). These include thirty (30) nephrology nursing, radiologists, anesthetists;
    2) had established one stop Mother and Child Complex at the Marsabit Teaching and Referral Hospital in order to address the high maternal and mortality ratio;
    3) had further constructed and equipped a Bio Safety Regional Laboratory which provide advanced diagnostic capabilities ensuring the safety of patients and healthcare workers.

2. The Committee was further informed that-
    1) the imaging department was grossly understaffed with poor power supply making it difficult for the healthcare workers to use the digital x-ray unit; and
    2) the renal and dialysis units were established on 17th July, 2018 and equipped with equipment provided through the Managed Equipment Services (MES) program. Since then great milestones had been achieved including six (6) renal dialysis machines, increased clients accessing dialysis services to thirty-six (36) and increased the staff at the unit.

3. The Committee informed the County Executive that during the visit the following preliminary observations had been made-
    1) The hospital infrastructure was dilapidated with evidence of continued neglect being witnessed in the leaking roofs, falling ceiling boards, missing electric bubs and naked live wires;
    2) Medical and hazardous waste was dumped in undesignated point posing a risk of exposure to infectious agents among the patients, healthcare personnel and the surrounding community;
    3) The hospital relied on manual health records in its units and wards which hampered efficient patient management and inventory control and may have contributed to poor tracking of medical commodities;
    4) The key healthcare personnel were absent from their workstations, the notable ones include the Medical Officer of Health, the County Pharmacist and the Pediatrician;

5) Prevalence of expired drugs and medications stored openly in the shelves, availed at wards and even stored at inappropriate locations such as disused lavatories and in open fields; and
6) There were run down ambulances which appeared to have been poorly maintained and/or no longer operational within the hospital compound. Some of these ambulances have been repurposed as temporary storage facility rather than service their intended emergency transport function

MIN/SEN/SCH/118/2025 **ADJOURNMENT /ANY OTHER BUSINESS**

There being no other business, the meeting ended at four o'clock.

SIGNED..... **DATE**...01/8/2025.....
SEN. JACKSON K. ARAP MANDAGO, EGH, MP
(CHAIRPERSON, COMMITTEE ON HEALTH)

13TH PARLIAMENT |4TH SESSION

MINUTES OF THE FORTY FIRST (41ST) SITTING OF THE STANDING COMMITTEE ON HEALTH HELD ON FRIDAY, 1ST AUGUST 2025 AT 3.30 P.M IN FORODHANI MEETING ROOM, WHITESANDS HOTEL, MOMBASA, COUNTY.

MEMBERS PRESENT

1. **Sen. Mariam Sheikh Omar, MP** - **Vice-Chairperson**
2. Sen. Justice (Rtd) Stewart Madzayo, EGH, MP - Member
3. Sen. David Wakoli, MP - Member
4. Sen. Tabitha Mutinda, MP - Member
5. Sen. Joseph Githuku Kamau, MP - Member

ABSENT WITH APOLOGY

1. **Sen. Jackson K. Arap Mandago, EGH, MP** - **Chairperson**
2. Sen. Ledama Olekina, MP - Member
3. Sen. Richard Onyonka, MP - Member
4. Sen. Hamida Kibwana, MP - Member

SENATE SECRETARIAT

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

MIN/SEN/SCH/213/2025 PRELIMINARIES

The Chairperson called the meeting to order at half past three o'clock and the proceedings commenced with a word of prayer said by the Chairperson.

MIN/SEN/SCH/214/2025 ADOPTION OF THE AGENDA

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

1) Prayers;
2) Adoption of the Agenda;
3) Confirmation of the Minutes the previous Committee Meetings-
   a) 17th and 18th Committee Sittings held on Monday, 28th April, 2025;
   b) 19th and 20th Committee Sittings held on Tuesday, 29th April, 2025; and
   c) 21st and 22nd Committee Sittings held on Wednesday, 30th April, 2025
   d) 38th Sitting held on Tuesday, 29th August 2025;
4) Matters arising from the Minutes of the Previous Committee Meeting;
5) Consideration and Adoption of the Committee Report on the Tobacco Control (Amendment) Bill, 2024 (Senate Bills No.35 of 2024 (*Committee Paper No.137*)
6) Consideration and Adoption of the Committee Report on the County Oversight and Networking visits to Mandera, Wajir and Marsabit counties *(Committee Paper 139);*
7) Any other business; and
8) Adjournment/Date of the Next Meeting.

MIN/SEN/SCH/215/2025 **CONFIMATION OF THE MINUTES OF THE 38TH SITTING HELD ON 29TH.07.2025**

1. The Minutes of the 17th and 18th Sitting held on Monday, 28th April, 2025 were confirmed after being proposed being by Sen. Tabitha Mutinda, MP and seconded by Sen. David Wakoli, MP;

2. The Minutes of the 19th and 20th Sitting held on Tuesday, 29th April, 2025 were confirmed after being proposed being by Sen. David Wakoli, MP and seconded by Sen. Tabitha Muitnda, MP;

3. The Minutes of the 21st and 22nd Sitting held on Wednesday, 30th April, 2025 were confirmed after being proposed being by Sen. Tabitha Mutinda, MP and seconded by Sen. David Wakoli, MP; and

4. The Minutes of the 38th Sitting held on held on Thursday, 29th July, 2025 were confirmed after being proposed being by Sen. Tabitha Mutinda, MP and seconded by Sen. David Wakoli, MP.

MIN/SEN/SCH/216/2025 **MATTERS ARISING FROM THE ABOVE MINUTES**

Under MIN/SEN/SCH/201/2025 *- CONSIDERATION OF THE TOBACCO CONTROL AMENDMENT BILL, 2024 (SENATE BILLS NO. 35 OF 2024)*

1) The Committee observed that owing to the varied characterization of the nicotine pouches from the traditional tobacco products, there is need to vest powers to the Cabinet Secretary, to prescribe standards on the requirements to be met by manufacturers or importers to ensure that these are much less available and less prone to misuse;

2) The Committee that noted different stakeholders had opposed the ban of characterizing flavours and additives including fruits, spices, herbs, alcohol, menthol and related flavours. However, the Committee concurred with the sponsor of the bill for the complete ban of these flavours. The justification for this being that these flavours make the appealing to users leading to the abuse of the products; and

3) The Committee noted that there is need for an amendment to provide for the utilization of monies remitted to the Tobacco Control Fund and that an amount be utilised for the treatment of the chronic illnesses caused by the use of tobacco products

MIN/SEN/SCH/217/2025 **CONSIDERATION AND ADOPTION OF THE COMMITTEE REPORT ON THE TOBACCO CONTROL (AMENDMENT) BILL, 2024 (SENATE BILLS NO. 35 OF 2024)**

1. The Secretariat presented the amended Report on the Tobacco Control (Amendment) Bill, 2024 and the proposed Committee Stage Amendments for consideration and adoption; and

2. Following its consideration, the Report on the Tobacco Control (Amendment) Bill, 2024 was adopted unanimously. The Report was proposed for adoption by Sen. Justice (Rtd). Stewart Madzayo, EGH, MP and seconded by Sen. Tabitha Mutinda, MP.

MIN/SEN/SCH/218/2025 **CONSIDERATION AND ADOPTION OF THE COMMITTEE REPORT ON THE COUNTY OVERSIGHT AND NETWORKING VISITS TO MANDERA, WAJIR AND MARSABIT COUNTIES**

1. The Committee Secretariat presented the amended Report on the County Oversight and Networking visits to Mandera, Wajir and Marsabit counties for consideration and adoption;

2. During deliberations, the Committee observed that inclusion of the photos had greatly enriched its report on oversight visits. The Committee further observed that consideration and adoption in Plenary of its previous reports on similar oversight visits was taking inordinately long time; and

3. Following its consideration, the Report on the County Oversight and Networking Visits to Mandera, Wajir and Marsabit Counties was adopted unanimously after being proposed by Sen. David Wakoli, MP and seconded by Sen. Joseph Kamau Githuku, MP.

MIN/SEN/SCH/218/2025 **ANY OTHER BUSINESS**

The Committee was informed that a letter had been sent from the Ministry of Health, State Department for Public Health and Professional Standards, requesting the Senate to nominate Members who would join the Ministerial delegation at the Tokyo International Conference on African Development (TICAD-9).

The Committee observed that priority to attend the Conference should be given to Members who have not undertaken any visit in the current parliamentary Session. The Committee further directed that the matter be placed in the agenda of the following meeting for consideration and resolution.

MIN/SEN/SCH/219/2025 **ADJOURNMENT**

The meeting was adjourned at half past six o'clock. The next meeting would be held in Kilifi County on Saturday, 2nd August, 2025.

SIGNED: .....**DATE**.....6/8/2025.....

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

KEY PROJECTS /ACHIEVEMENTS 2017-2025, COUNTY GOVERMENTOF MARSABIT.

1. HEALTH WORK FORCE:

Summary of HRH numbers recruited since 2017 to date

CADRE	BEFORE 2017	2017-DATE	TOTAL
Doctors (MOs)	9	23	32
Doctors (Specialists	1	10	11
Nurses	227	306	533
RCOs	32	55	87
Pharm techs	8	24	32
Nutritionists	11	85	96
CHAS	31	185	216
Lab Techs	32	34	66
Radiographers	4	8	12
COHO 3	3	4	7
PHOS	32	65	97
HRIOS	7	22	29
Pysio& OC	4	7	11
Plaster Technicians	1	1	1
Social workers	0	3	3
Clerks	4	17	21
mortuary attendants	0	2	1
Drivers	11	34	45
Procurement Officers	0	5	5
Accountants	3	7	10
HR Officers	0	5	5
House Keepers	1	1	1
Security Officers	2	5	7
Support Staff	11	11	22
TOTAL	434	919	1,353

Specialist Trainings:

- ✓ 30 - nephrology nursing, radiologist, anesthesia and specialists including gynecologists epidemiologists, pediatrician, oncologist and

- ✓ 2 family physicians – Cuba and Kenyatta University teaching and referral Hospital.
- ✓ Currently - 10 doctors on study leave – add to pool of Local specialists including Obs/Gynecologists, orthopedic surgeon, pathologist, Ophthalmologists,

2. Health infrastructure:

a) One stop shop mother and child complex at Marsabit County teaching and referral Hospital: **The complex has also addressed the high maternal and mortalities ratio in Marsabit County, which is 1,127 deaths per 100,000 live births in 2014, to currently at 321 deaths per 100,000 live births**. The facility's availability of life-saving interventions, such as blood transfusions, has helped reduce maternal deaths. Additionally, the complex has improved access to prenatal and postnatal care, which has contributed to a decline in maternal mortality rates.

b) Kenya Medical Training College.

c) Regional Lab: The construction and equipping of the Bio Safety Regional Laboratory at Marsabit County Teaching and Referral Hospital has been a major achievement in the Health Sector. The state-of-the-art facility provides advanced diagnostic capabilities, ensuring the safety of patients and healthcare workers.

d) Procurement and distribution of 10 portable ultrasound machines for 8 H/C and 2 beyond zero Vans

e) Fully equipped and operationalized Marsabit county regional blood bank with support from THC- world bank.

f) Procured 50 Portable HB machines for ANC monitoring

g) Procurement of 2 utility vehicle for CHMT's support supervision and 1 Toyota Hilux with a canopy to support blood donation campaigns (THS supported).

h) Set up and operationalize Renal Unit (Equipped With 6 machines) at Marsabit teaching and referral Hospital.

i) Theatre at Kalacha and Laisamis Sub-County Referral Hospital

j) Procurement of 7 new Ambulances – to support emergency services across the county.

k) Inpatient ward, maternal theratre and x-ray block – well equipped at Laisamis Referral Hospital

l) Received 3 beyond zero Vans through the office of the first Lady to support RMNCAH services

m) Procured 12 laptops for RH and HRIO's

n) Procurement, installation of EPI fridges – 36

o) Cancer centre – Marsabit County teaching and Referral Hospital

p) Oxygen Plant – 4 (Sololo, Moyale, MCTRH, Kalacha)

q) The County conducted 9 nutrition surveys from 2018 to date (This includes 7 smart Surveys, 1 KABP Surveys, 1 SQUAEC Surveys and 1 Nutrition Capacity assessments). This has helped in providing new evidences and shaped programming for the sector

r) Upcoming Sololo level iv hospital-completion at 90%

s) Completion and operalization of North-Horr Gok Health Centre

t) CT Scan at Marsabit County Referral Hospital and Moyale sub county Referral Hospital.

3. Key reproductive health indicators:

KDHS RMNCAH 2014 COMPARED WITH 2022 FOR MARSABIT COUNTY

INDICATOR	2014	2022
SBA	26%	69%
1st ANC	73	93.8
4th ANC	46	67.1
FP	11	6
MMR	1127/100000 LB	321/100000 LB
GBV		16.4
TEENAGE PREG	18	29.6
FP UNMET NEED		37.6
PNC	9	40.6
INFANT MR	42/1000	32/1000
NEONATAL MR	28/1000	21/1000

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KEY.

SBA- Skilled Birth attendant- Number of mothers delivering in our facilities
ANC – Antenatal care- care given to mother during pregnancy
FP- family planning

MMR- maternal mortality ratio
GBV- Gender based violence
PNC- Post natal care- care given to the mother after delivery.
Neonatal MR/Infant MR- Mortality ratio

4. OTHER DEVELOPMENT PROJECTS.

	PROJECT	Before 2017	2017-2024	TOTAL
1	Dispensary	58	23	81
2	Health Centres	20	12	32
3	Hospitals	4	1	5
2	Maternity	6	14	20
3	Staff House	12	37	49
4	Laboratory	6	15	21
5	Fencing	15	37	52
6	Pit Latrine	78	44	122
7	Burning Chambers	6	14	20
7	Incinerator	4	1	5
8	Solar	14	44	58
9	Equipment/reagents	78	59	137
10	Furniture	82	17	99
11	Electricity	4	15	19
12	Water connection	0	14	14
13	Renovation	36	57	93
14	General Ward	1	4	5
15	Land Purchased	1	1	2

Other services:

1. BEYOND ZERO ACHIEVEMENT:

Beyond zero is one of the success stories in this county. In the year 2014, the First Lady, H.E Margaret Kenyatta donated 2 Beyond Zero vehicles to improve maternal and child outcome stationed at MCTRH and Moyale Hospital respectively. H. E Rachel Ruto also donated 1 extra Beyond zero vehicle stationed at MCTRH to serve Sub-counties of Northhorr and Laisamis (Where accessible).

Prior to the existence of Beyond Zero services, reproductive health, maternal, child and neonatal indicators were performing poorly particularly in hard to reach areas. Immunization coverage was low and there was high maternal and neonatal mortality rate. The trend has however changed positively.

Beyond Zero Service	2017/ 2018	2018/ 2019	2019/ 2020	2020/ 2021	2021/ 2022	2022/ 2023	2023/ 2024	2024/ 2025	Total
ANC	796	703	347	173	254	452	680	415	3,820
Completed ANC 4th Visit	147	94	49	87	76	234	187	117	991
Immunization	1,028	1,130	516	104	189	439	540	248	4,194
Treatment of Illnesses	4,730	4,005	1,856	10,591	356	2,675	2,378	1,956	28,547
Nutritional Screening	749	2,643	1,347	4,739	1,367	1,458	2,360	1,841	16,504
HIV Testing & Counselling	946	429	274	1,649	345	289	562	287	4,781
Vit A Supplementation & Deworming	1,314	1,364	478	3,156	871	1,367	1,893	1,048	11,491
								Total	**70,328**

2. RMCAH Indicators|:

Marsabit County is one of the counties with poor RMNCAH indicators compared to the national figures especially high maternal mortality burden. This is partly attributed to inadequate investment across all the domains of the health care system development as well as poor health seeking behavior of the residents due to their nomadic lifestyle. Since Kayo Government took over leadership of Marsabit County, great effort was shifted to the RMNCAH. The County Government through improved HRH numbers, increased number of functional health facilities and increased funding from partners has realized great strides in RMNCAH indicators. This is particularly evident in the immunization coverage, skilled deliveries, children attending CWC, and pregnant women attending ANC services among others.

Below is the table showing the trend of performance:

RMCAH Indicator	2017 /2018	2018/ 2019	2019/ 2020	2020/ 2021	2021/ 2022	2022/ 2023	2023/ 2024	2024/ 2025
Proportion of children under one year Fully Immunized	71.10%	68.30%	82.70%	85.50%	80.35%	79.80%	81.60%	72.40%
Proportion of pregnant mothers delivered by skilled attendants	43.20%	49.50%	72.50%	68.40%	67.50%	67.90%	69.30%	56%
Proportion of pregnant mothers attending 4 ANC visits	35.70%	37.70%	54.50%	48.80%	45.60%	56.25%	44.56%	40.78%
Proportion of children under five years attending CWC	2.80%	4.50%	3.00%	4.20%	3.80%	4.00%	4.60%	3.60%

3. **Imaging Services:**

This is one department that was grossly understaffed with poor power supply making it difficult for the workers to use the digital x-ray unit. Since 2017, the department has realized various achievements courtesy of the Kayo administration. These include:

- Upgrading the power supply to 3-phase Marsabit County teaching and referral Hospital.
- Upgrade power supply at Laisamis sub-county hospital (Ongoing FY2024/2025)
- Upgrade power supply at Moyale sub county Hospital (Ongoing FY2024/2025).
- Recruitment of 8 new radiographers.
- Establishment of CT Scan at the Marsabit County Referral Hospital (64-slice) –With online reporting.
- Establishment of CT Scan Moyale SCRH (16-slice) - with online reporting.
- Establish Digital Dental unit at MCTRH
- Establish digital X-ray unit at MCRTH
- X-ray block and equipping at Laisamis sub-county referral hospital.

4. Community Health Services (CHS)
   - Marsabit County CHS strategy and bill approved.

Number of community units and staff establishment in 2006 - 2016

SUB-COUNTY	CHU	CHAs	CHVS
North Horr	17	10	351
Laisamis	12	5	220
Moyale	19	8	639
Saku	10	6	287
TOTAL	**58**	**29**	**1,497**

Number of community units and CHS staff establishment from 2017 to 2025 (ADDITIONAL)

SUB-COUNTY	CHU	CHAs	CHVs
North Horr	15	54	160
Laisamis	13	54	150
Moyale	15	45	150
Saku	11	44	120
TOTAL	**54**	**197**	**580**

5. **Ambulance Referral Support Services;**

Sub County	Total No.	Station
North Horr Sub-county	1	Kalacha SCR Hospital
	1	North Horr H/C
	1	Dukana H/C
	1	Turbi/Bubisa Ward -based at MCTRH
	1	Illeret
Moyale Sub county	2	Moyale SCR Hospital
	1	Ramata health Centre
	1	Sololo level IV Hospital
Laisamis Sub-county	2	Laisamis SCR Hospital
	1	Korr H/C
	1	Kargi H/C
	1	Loiyangalani ward
Saku sub-county	3	Marsabit CR Hospital

GRAND TOTAL	**17**	

Ambulance distribution across the county.

Financial Year	*No. Of Referrals Within the County*	*No. Of Referrals Outside the County*	Total
2017 - 2018	207	300	507
2018 - 2019	510	700	507
2019 - 2020	480	680	507
2021-2022	357	258	507
2022-2023	449	304	507
2023-2024	389	391	507
2024-2025	201	189	507
GRAND TOTAL	**2593**	**2822**	**3549**

6. **RENAL and Dialysis Units:**

This unit was established on 17th July 2018, through the initiative of H. E the Governor following the signing of the MOU for the Managed Equipment Services. Since then great milestones have been realized. This included:

- 6 Renal Dialysis Machines installed
- Increase of clients accessing dialysis services from one in July 2018 to 36 currently.
- Improved water supply to the unit
- Increase in the unit staffing from 2 (2018) to 13 (2025). The staffing included 10 trained renal nurses, 2 nutritionists, 1 biomed Engineer).
- Sustainable supply of renal commodities
- Establishment of a fully equipped isolation room for Hepatitis B clients.

7. **Physiotherapy Services Achievement:**

- Increase in workload commutatively from **1,977** in the year 2017 to **5,803** in the year 2025.
- Recruitment of two additional physiotherapists through UHC program
- Procurement of Electric shear for Marsabit County Referral Hospital and Moyale Sub-County Hospital

8. ICT Infrastructure and support services:

- Networking of the Mother Child Complex at MCTRH
- Installation of Medbos system for MCTRH and 3 sub-county hospitals (Laisamis, Moyale and Kalacha).
- Installation of Laboratory information management systems(LIMS) at Regional Laboratory at MCTRH, and Integration of LIMS with Medbos system.
- Alternative network connectivity for the administration as point to point from Marsabit County Referral Hospital, Additional installation of 24 port switch for administration block.
- Installation of CCT at Moyale SCR hospital

9. ***Community Led Total Sanitation (CLTS) Activities***

CLTS is an innovative approach for empowering communities to completely eliminate open defecation (OD). It focuses on igniting a change in collective sanitation behavior. The process involves triggering the whole community while emphasizing on the collective benefit of stopping OD. This results in community construction and utilization of toilets and handwashing facilities

County/Sub County	H/H No	Total Pop	No of Villages	No Triggered	Total No Claimed	Total No Verified	Tot Certified	ODF Status
Moyale	24753	153771	474	43	12	6	6	10.5%
Saku	15658	79181	176	108	25	24	18	28.1%
Laisamis	19209	101089	246	41	4	4	4	75.1%
North Horr	17069	125744	218	30	1	1	1	61.8%
MARSABIT	**76689**	**459785**	**1114**	**222**	**42**	**35**	**29**	**41.9%**

10.Curative Services

Hospital	2107	2018	2019	2020	2021	2022	2023	2024
Marsabit County Referral Hospital	110255	175756	203806	193405	201425	198673	202428	205567

Kalacha SC Referral Hospital	9696	10832	13371	13587	14366	14458	14897	15000
Laisamis SC Referral Hospital	12018	16711	14194	150067	15089	15347	15875	15976
Moyale SC Referral Hospital	46946	57648	106701	109567	123670	125700	130876	135786
Total for County	**178915**	**260947**	**338072**	**466626**	**354550**	**354178**	**364076**	**372329**

	2107	2018	2019	2020	2021	2022	2023	2024
Saku Sub County	216509	323574	349774	387890	395081	397001	401342	405011
Laisamis Sub county	142654	206979	146987	147891	148579	150025	152347	155453
North Horr Sub County	126676	150172	131210	147654	151047	149986	151253	155067
Moyale Sub County	207464	402392	397250	401023	406987	410354	412654	420764
Total for County	**693303**	**1083117**	**1025221**	**1084458**	**1101694**	**1107366**	**1117596**	**1136295**