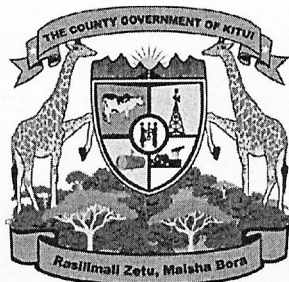


**REPUBLIC OF KENYA**



**COUNTY GOVERNMENT OF KITUI**

**THE COUNTY ASSEMBLY**

**THIRD ASSEMBLY- FOURTH SESSION (2025)**

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**COMMITTEE ON HEALTH AND SANITATION**

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**REPORT ON THE OVERSIGHT INSPECTION OF PROJECTS UNDERTAKEN BY  
THE COUNTY MINISTRY OF HEALTH AND SANITATION**

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The Clerk's Chamber,  
County Assembly of Kitui,  
Assembly Buildings,  
Kitui, Kenya

**AUGUST, 2025**



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## **ABBREVIATIONS**

<b>LATF</b>	Local Authority Transfer Fund
<b>CCTV</b>	Closed Circuit Television
<b>CECM</b>	County Executive Committee Member
<b>CHMT</b>	County Health Management Team
<b>CGA</b>	County Governments Act
<b>CLIDP</b>	Community Level Infrastructure Development Programme
<b>CMB</b>	Catholic Mission Board
<b>MCA</b>	Member of County Assembly
<b>FIF</b>	Facility Improvement Fund
<b>KEMSA</b>	Kenya Medical Supplies Authority
<b>SHA</b>	Social Health Authority
<b>UHC</b>	Universal Health Coverage



## **ANNEXURES**

Annexure 1	Members' Adoption List
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## EXECUTIVE SUMMARY

The Committee on Health and Sanitation is honoured to present this oversight report on the inspection of health facilities and projects implemented by the County Ministry of Health and Sanitation. The inspection was undertaken between 1<sup>st</sup> and 5<sup>th</sup> July 2025, pursuant to Article 185(3) of the Constitution of Kenya, 2010 and in line with the Kitui County Assembly's Standing Order No. 190, which mandates sectoral committees to oversight the County Executive.

The Committee's primary objective in undertaking this inspection exercise was to assess the state of health infrastructure, evaluate the status of project implementation, determine the adequacy of staffing and medical supplies, and identify gaps in service delivery that require legislative, budgetary, or policy intervention. The Committee was also guided by the constitutional guarantee under **Article 43(1)(a)**, which entitles every Kenyan to the highest attainable standard of health.

In carrying out the inspection exercise, the Committee adopted a rigorous methodology that combined field visits, interviews with health personnel, reviews of facility records, and physical inspections of infrastructure. Ten health facilities were visited, drawn from different sub-counties to ensure a balanced representation. The areas assessed included infrastructure development, human resource deployment, availability of equipment and essential medicines, service delivery capacity, and the status of ongoing projects.

The findings of the Committee reveal a mix of progress and deep-seated challenges. While notable investments were made in the construction and



renovation of health facilities, many remain **non-operational** due to lack of staff or equipment. Several facilities were found to be critically understaffed, with only one nurse or clinician managing an entire dispensary, and most lacked laboratory technicians. Essential services such as maternity and emergency care were severely constrained by stalled construction, insufficient supplies, and poor planning.

The inspection also uncovered recurrent challenges across facilities. These include erratic supply of essential medicines, largely due to inefficiencies within Kenya Medical Supplies Authority (KEMSA); poor maintenance of buildings leading to dilapidated structures; lack of reliable water and power supply; insecurity due to absence of perimeter fencing; and weak referral systems where ambulances are either unavailable or require patients to facilitate their fueling during emergencies.

Beyond facility-specific issues, the Committee observed broader systemic challenges. There is a persistent disconnect between capital investment and service delivery, where infrastructure is completed but left idle due to lack of operational planning. Routine maintenance is neglected, procurement and supply chains remain weak, and human resource management is unstructured, with staff transfers and retirements not matched by replacements.

In light of these findings, the Committee makes several recommendations. First, the County Executive should prioritize the operationalization of idle health facilities through deployment of staff and provision of equipment.

Secondly, a strategic staffing plan should be developed by the County Public Service Board to ensure equitable distribution of health personnel, with incentives for those serving in remote and hardship areas.



Thirdly, the supply chain system should be strengthened through better procurement planning, improved coordination with KEMSA, and introduction of automated inventory management.

The Committee further recommends the institutionalization of routine maintenance plans, provision of reliable utilities such as water and solar power, and fencing of facilities to enhance security. The County should also invest in a well-coordinated referral system supported by fully equipped ambulances.

To enhance accountability, the Executive must implement prior oversight resolutions and regularly report progress to the Assembly.

Finally, the County Government should leverage partnerships with NGOs, donors, and the private sector, while embracing innovative solutions such as telemedicine and renewable energy in health service delivery.

The Committee acknowledges the limitations encountered during this inspection, including time constraints, budgetary challenges, incomplete records at some facilities, and inaccessibility of certain remote health centres. Despite these constraints, the Committee exercised diligence and commitment to gather evidence-based findings and formulate actionable recommendations.

In conclusion, the Committee notes that although Kitui County has made significant investments in the health sector, the intended benefits have not been fully realized. Structural weaknesses, staffing inadequacies, supply shortages, and poor accountability continue to undermine service delivery. The Committee therefore calls upon the County Executive to urgently implement these recommendations to ensure that the people of Kitui enjoy



accessible and quality healthcare as guaranteed under the Constitution of Kenya.



# **1. CHAPTER ONE: INTRODUCTION AND PREFACE**

## **1.0 Preface**

**Mr. Speaker Sir,**

On behalf of the Committee on Health and Sanitation and in accordance with the provisions of Standing Orders No. 179(6) and 190(5) of the Kitui County Assembly, I am honoured to lay before this House the Committee's report on the oversight inspection of health projects and facilities implemented by the County Executive through the Department of Health and Sanitation.

This report is submitted in the execution of the oversight function of County Assemblies as envisaged under Article 185(3) of the Constitution of Kenya, 2010, which empowers County Assemblies, while respecting the doctrine of separation of powers, to exercise oversight over County Executive Committees and other county executive organs.

**Mr. Speaker Sir,**

Guided by this constitutional and statutory mandate, the Committee undertook an oversight inspection exercise of selected public health facilities across various wards within the County. The exercise was conducted between 1st and 5th July 2025, following a resolution of the Committee and based on proposals by Hon. Members representing affected wards.

The facilities inspected were:

1. Ikutha Level 4 Hospital – Ikutha Ward
2. Zombe Sub-County Hospital – Zombe/Mwitika ward



3. Mwitika Health Centre – Zombe/Mwitika ward
4. Nzunguni Dispensary – Kyangwithya East ward
5. Ngwate Dispensary – Ikutha ward
6. Maluma Dispensary – Athi ward
7. Katumbu Dispensary – Chuluni ward
8. Kanzawu Dispensary – Chuluni ward
9. Maongoa Dispensary – Waita ward
10. Kalisasi Health Centre – Mwingi Central ward

The visits were geared towards assessing the current operational status of the facilities, evaluating the quality of public investment and infrastructure, reviewing staffing and medical supplies, and making policy and budgetary recommendations for service delivery enhancement.

### **1.1 Objectives of the Committee's Oversight Exercise**

**Mr. Speaker Sir,**

The Committee's inspection sought to achieve the following objectives:

- i. To assess the implementation and functionality of health projects funded by the County Government and determine whether they are delivering value for public resources.
- ii. To evaluate the adequacy of staffing, equipment, infrastructure, and medical supplies in selected health facilities.



- iii. To identify operational gaps, service delivery challenges, and areas requiring legislative or budgetary intervention.
- iv. To ensure that health sector investments comply with constitutional provisions under Article 43(1)(a), which guarantees every Kenyan the right to the highest attainable standard of health.
- v. To document findings and formulate concrete, actionable recommendations for policy formulation, budget prioritization, and administrative intervention.

## 1.2 Mandate of the Committee

**Mr. Speaker Sir,**

The Committee on Health and Sanitation is established under Standing Order No. 190(5) of the Kitui County Assembly and derives its oversight powers from the Constitution, the County Governments Act, and the Standing Orders.

The Committee is specifically mandated to:

1. Investigate, inquire into, and report on all matters related to the mandate, management, administration, and operation of the Department of Health and Sanitation.
2. Scrutinize programs, policy objectives, and budget implementation within the department to assess effectiveness and accountability.
3. Review all county legislation and policies referred to it and propose amendments or new laws as necessary.



4. Monitor and evaluate departmental performance against stated objectives and targets.
5. Vet and report on appointments requiring Assembly approval, except for those under the purview of the Committee on Appointments.
6. Undertake such other functions as may be assigned by the Assembly, including site inspections and stakeholder engagement in the health sector.
7. Prepare reports and submit recommendations to the County Assembly on matters within its jurisdiction, including proposals for new legislation, budget reallocation, or administrative reforms.

Under the Second Schedule of the Standing Orders, the Committee is designated to consider all matters relating to health and sanitation, including but not limited to: primary healthcare, public health policy, health infrastructure, personnel deployment, service delivery models, and medical supplies.

### **1.3 Composition of the Committee**

The Committee on Health and Sanitation was formally constituted by the House on 23rd November, 2022, and currently comprises of the following Honourable Members:

- |                                   |                    |
|-----------------------------------|--------------------|
| 1. Hon. Benard Mwangangi Munyasya | – Chairperson      |
| 2. Hon. Boniface Kyalo Kimuli     | – Vice Chairperson |
| 3. Hon. Mathew Ngovi Vuthi        | – Member           |



- |                                   |          |
|-----------------------------------|----------|
| 4. Hon. Daniel Kimanzi Muange     | – Member |
| 5. Hon. Stephen Ileve Katana      | – Member |
| 6. Hon. Hussein Mwandia           | – Member |
| 7. Hon. Malinga Munyao            | – Member |
| 8. Hon. Dr. Erastus Musyoka Mbuno | – Member |
| 9. Hon. Joseph Kasungi Kavula     | – Member |
| 10. Hon. Munira Mohammed          | – Member |
| 11. Hon. Fastina Mwendu Solomon   | – Member |

**Committee's Secretariat:**

Esther Mwele – First Clerk Assistant



#### 1.4 Acknowledgement

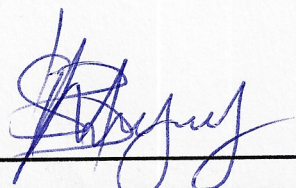
**Mr. Speaker Sir,**

The Committee wishes to extend its sincere appreciation to the leadership of the County Assembly, particularly the Speaker, for the unwavering support and guidance extended to this Committee. We also acknowledge the Office of the Clerk and the Committee Secretariat for their professionalism and logistical support, which made the execution of this oversight exercise successful.

The Committee equally thanks all facility-in-charge personnel, ward administrators, and medical staff who availed themselves to provide factual and detailed insights during the field visits. Their cooperation and input have enriched the quality of this report.

Finally, this report is submitted in fulfilment of the Committee's duty to hold the County Executive accountable and to ensure that public funds are utilized effectively for the benefit of the residents of Kitui County. It is therefore my distinct honour, on behalf of the Committee on Health and Sanitation, to present this report for consideration, debate, and adoption by this Honourable House.

SIGNED: \_\_\_\_\_



DATE: \_\_\_\_\_

**HON. BENARD MWANGANGI MUNYASYA**

**CHAIRPERSON, COMMITTEE ON HEALTH AND SANITATION**



## **2. CHAPTER TWO: METHODOLOGY AND SCOPE OF THE INSPECTION**

### **2.0 Introduction**

This chapter outlines the methodology employed by the Committee on Health and Sanitation during its oversight inspection of public health facilities across Kitui County. It describes the process followed to conduct the field visits, the rationale for selecting the facilities visited, and the key thematic areas assessed during the inspection. This approach aligns with the County Assembly's constitutional and legislative mandate to exercise oversight over the County Executive and ensure accountability and efficiency in the use of public resources.

### **2.1 Methodology**

The Committee adopted a mixed-methods approach to oversight, incorporating both qualitative and quantitative techniques. The exercise was executed through structured field inspections, stakeholder engagement, document review, and on-site observational assessments.

The following steps were undertaken:

#### **1. Selection of Facilities**

The Committee prioritized facilities based on:

- a) Concerns raised by Members of the County Assembly (MCAs) regarding service delivery gaps.
- b) Reports of stalled projects, poor infrastructure, or inadequate staffing.



- c) Geographical representation to ensure equitable coverage across different sub-counties.

## 2. Planning and Itinerary Development

The Committee Secretariat prepared an inspection itinerary covering ten facilities spread across various wards, with scheduled visits between 1<sup>st</sup> and 5<sup>th</sup> July 2025. Logistical arrangements including transportation, field tools, and site engagement protocols were coordinated in advance.

## 3. On-Site Inspections and Interviews

The Committee:

- a) Held structured meetings with the Facility-in-Charge and health personnel.
- b) Collected data on human resources, physical infrastructure, equipment, essential drugs, and patient flow.
- c) Conducted physical inspections of wards, laboratories, maternity units, water and sanitation infrastructure, and ongoing construction projects.

## 4. Review of Records

Available records and registers such as patient attendance logs, drug inventory lists, and staff duty rosters were examined. Where applicable, the Committee also reviewed relevant project documentation including



bills of quantities (BOQs), contractor details, project timelines, and fund disbursement records.

## 5. Documentation and Analysis

Observations and responses were documented in structured inspection templates. The data collected was subsequently analyzed and synthesized to identify key themes, recurring challenges, and areas of concern or commendation.

## 6. Compilation of Findings and Recommendations

Upon conclusion of the field visits, the Committee convened to deliberate on the findings. Observations were consolidated into this report, and recommendations were developed based on evidence gathered and in line with best practices in public health management and devolved governance.

### 2.2 Scope of the Oversight Exercise

The inspection covered the following public health facilities:

No.	Health Facility	Ward	Sub-County
1	Ikutha Level 4 Hospital	Ikutha	Kitui South
2	Zombe Sub-County Hospital	Zombe/Mwitika	Kitui East
3	Mwitika Health Centre	Zombe/Mwitika	Kitui East
4	Nzunguni Dispensary	Kyangwithya East	Kitui Central



No.	Health Facility	Ward	Sub-County
5	Ngwate Dispensary	Ikutha	Kitui South
6	Maluma Dispensary	Athi	Kitui South
7	Katumbu Dispensary	Chuluni	Kitui East
8	Kanzawu Dispensary	Chuluni	Kitui East
9	Maongoa Dispensary	Waita	Mwingi Central
10	Kalisasi Health Centre	Mwingi central	Mwingi Central

These facilities were assessed based on the following thematic areas:

- i. Infrastructure and Physical Development: Including building conditions, availability of power, water, sanitation, and staff housing.
- ii. Human Resources for Health: Adequacy of medical personnel in relation to patient demand and approved staffing norms.
- iii. Medical Equipment and Supplies: Availability, functionality, and maintenance of critical diagnostic and therapeutic equipment.
- iv. Pharmaceutical Services: Status of drug stock levels, supply chains, and incidences of stock-outs.
- v. Service Delivery: Scope of services provided, patient volume, and referrals.



- vi. Project Implementation Status: Progress of ongoing infrastructure projects, timeliness, contractor performance, and value for money.

### **2.3 Legislative and Policy Framework**

The oversight exercise was guided by the following legal and policy instruments:

- i. The Constitution of Kenya, 2010: Article 185 on legislative authority and oversight role of the County Assembly; Article 43 on the right to health.
- ii. The County Governments Act, 2012: Part VI on citizen service delivery and performance management;
- iii. The Public Finance Management (PFM) Act, 2012: Sections 104 and 149 on accountability in the use of public funds.
- iv. The Standing Orders of the Kitui County Assembly: Specifically, Standing Orders No. 179(6) and 190(5), which mandate Sectoral Committees to investigate and report on matters under their jurisdiction.
- v. National and County Health Policies and Strategic Plans.



### **3. CHAPTER THREE: KEY FINDINGS**

This chapter presents the Committee's findings from the oversight inspection visits conducted across various health facilities in Kitui County. The oversight inspection uncovered a range of critical issues affecting health service delivery across Kitui County. Each facility is addressed under its own heading to highlight specific challenges and gaps noted during the inspection.

#### **Nzuguni Dispensary in Kyangwithya East Ward**

During the visit to Nzuguni Dispensary, the delegation confirmed that the facility is operational, with Nurse Monica Mutanu Dominic, the Facility-in-Charge, present and actively attending to patients. The dispensary currently serves over 30 patients daily and provides curative, promotive, and preventive health services.

The delegation made the following key findings:

1. The facility is critically understaffed. It only has one nurse and does not have a laboratory technician, which limits the provision of essential diagnostic services.
2. The facility lacks a backup power source such as solar or generator, putting service continuity at risk during electricity outages.
3. The building is old and in a dilapidated condition, with cracked walls and damaged doors as a result of termite infestation.
4. The facility lacks a maternity wing, hindering maternal and newborn care services.



5. There is no piped water supply, and the facility relies solely on rainwater. The only available water tank is broken.
6. Staff and patient toilets are in poor condition and require urgent renovations or replacement.
7. The lack of a staff house affects the availability of personnel during night shifts and emergency situations.
8. There is no incinerator for safe medical waste disposal.
9. The facility lacks adequate furniture and fittings for staff and patients.
10. The dispensary is neither fenced nor installed with a gate, leaving it vulnerable to trespassers and burglars despite the presence of a watchman.
11. The dispensary sits on community land without a formal title deed owned by the county government, complicating future expansion plans. It shares a compound with a Church and the Chief's office.
12. The access road to the facility is in poor condition, making it difficult for patients and emergency vehicles to reach the dispensary.
13. The facility is located on sloped terrain, which negatively affects accessibility, especially for persons living with disabilities (PLWD).
14. Current budget allocations are insufficient to pay casual workers and carry out routine maintenance.
15. The supply of essential drugs is inconsistent. At the time of the visit, the dispensary had no drugs in stock. The last delivery in May 2025 was not enough due to KEMSA stockouts.



### **Specific Recommendations:**

Based on these findings, the delegation recommends that the County executive should:

1. Recruit at least one additional nurse and deploy a laboratory technician to support diagnostic services.
2. Install a reliable backup power system (solar or generator) to ensure uninterrupted service delivery.
3. Renovate the main building to address termite damage, wall cracks, and deteriorated infrastructure.
4. Construct a maternity wing to enhance maternal health care.
5. Provide functional water storage tanks and connect the facility to piped water.
6. Upgrade staff and patient toilets to meet basic sanitation standards.
7. Build staff housing to improve availability for night shifts and emergency care.
8. Procure and install a medical waste incinerator.
9. Supply adequate furniture and fittings for patients and staff.
10. Fence the facility and install a secure gate to improve safety and property protection.
11. Initiate legal processes to secure land ownership under the county government to enable facility expansion.



12. Improve the access road to ensure all-weather access for patients and emergency services.
13. Conduct landscaping to level the compound and improve accessibility for PLWD.
14. Increase the facility's budget allocation to support wages for casual staff and routine maintenance.
15. Strengthen coordination with KEMSA and the county health department to ensure regular and complete drug supply.

### **Ngwate Dispensary – Ikutha Ward**

Ngwate Dispensary, located in Ikutha Ward, was constructed in the Financial Year 2010/2011 by the defunct County Council of Kitui through funding from the Kenya Local Authorities Transfer Fund (LATF). However, despite completion of the physical structure, the facility was never operationalized at the time due to the non-deployment of medical personnel.

Following the beginning of devolution, and in the absence of health staff, the medical equipment initially installed at the facility was relocated to other functional health facilities, such as Ikutha Level 4 Hospital, to prevent theft. As a result, the dispensary remained inactive for several years.

In the Financial Year 2022/2023, the facility underwent further renovations. These included;

- a) Repainting of the entire structure.
- b) Installation of a new floor (which, however, showed visible cracking at the time of the visit, indicating poor workmanship)
- c) Replacement of doors



d) Installation of water gutters and water storage tanks for rainwater harvesting and;

e) Renovation and painting of a four-door pit latrine.

At the time of the Committee's visit, fencing works were ongoing; holes had been dug in preparation for the installation of posts, chain-link fencing, and a main gate.

The Committee noted, with concern, that despite these investments, Ngwate Dispensary remains non-operational. The lack of medical personnel and essential equipment continues to deny area residents access to primary healthcare services, which are a right guaranteed under **Article 43(1)(a)** of the Constitution of Kenya. Furthermore, the prolonged delay in operationalizing the facility raises serious questions regarding value for public money and effectiveness in service delivery.

### **Specific Recommendations:**

1. The County Department of Health should immediately post qualified medical personnel to Ngwate Dispensary.
2. The facility should be equipped with the minimum required medical equipment and supplies to enable the commencement of services.
3. An audit of the renovation works should be conducted to ascertain the quality of workmanship and value for money.
4. The fencing and gate installation should be expedited and completed without further delay.
5. A timeline for full operationalization of the facility should be communicated to the public to restore confidence in public investments.



## **Ikutha Level 4 Hospital in Ikutha Ward**

The delegation conducted an oversight visit to Ikutha Level 4 Hospital, where they were received by the Medical Superintendent, Dr. Mwende Mwangangi. The objective of the visit was to assess staff welfare, facility operations, and overall service delivery capacity for residents of Kitui County.

During the engagement, the Medical Superintendent, who displayed deep knowledge of the hospital's challenges and operations, outlined the following key concerns:

1. The hospital has experienced a high rate of turnover among security personnel, primarily attributed to frequent changes in the contracted private security firm engaged by the County Government. Management of all security staff is handled directly by the firm, and the turnover has been linked to poor remuneration, delayed payments, and unfavourable working conditions.
2. Two security officers were recommended for dismissal due to gross misconduct. One was involved in a physical altercation with staff, while the other was implicated in a theft incident within the facility.
3. The facility currently employs 16 casual workers, a number deemed inadequate given the high workload. These workers also lack essential protective gear, affecting their safety and performance.
4. There is a serious shortage of clinicians and nurses, which has impacted overall service delivery and hindered the full operationalization of the maternity wing.



5. One casual worker was requested to step aside following allegations of diverting patients to other private facilities for personal gain.
6. The hospital faces inadequate and delayed funding, which negatively impacts the payment of casual workers and disrupts essential services such as procurement of supplies.
7. While drug supply was reported to be generally stable, the facility occasionally experiences stockouts, especially during county-wide shortages.
8. The maternity wing requires additional staff and critical medical commodities to become fully operational and meet community needs.

#### **Specific Recommendations:**

1. The County Executive should review and strengthen contracts with security firms to ensure improved working conditions, timely payment, and accountability of personnel.
2. Disciplinary measures should be pursued in line with public service and labour laws for staff found guilty of misconduct, including casuals diverting patients or involved in theft.
3. The hospital should receive an increased allocation of clinical and nursing staff to support service delivery and operationalize the maternity wing.
4. Additional casual workers should be recruited, and all support staff must be provided with protective gear and proper working conditions.



5. Measures should be put in place to streamline and expedite funding disbursements to the hospital to ensure timely salary payments and uninterrupted operations.
6. The County Health Management Team (CHMT) should work with KEMSA and relevant partners to mitigate drug stockouts by improving inventory planning and forecasting.

### **Maluma Dispensary in Athi Ward**

The Delegation conducted an oversight visit to Maluma Dispensary, where they were received by Ms. Christine Mbiva, the Facility-in-Charge. The purpose of the visit was to assess the status of primary healthcare service delivery, infrastructure, staffing, and general operations of the facility.

The Facility-in-Charge informed the delegation that the dispensary attends to more than 30 patients daily, serving a catchment population of approximately 4,247 households, highlighting the essential role the dispensary plays in the local healthcare system.

### **Key observations noted;**

1. The facility is fully fenced and equipped with a secure gate, improving access control and security. These upgrades were implemented through the Community Level Infrastructure Development Programme (CLIDP) in the FY 2024/2025.
2. A rainwater harvesting system, including gutters and a ten thousand (10,000) litre storage tank, was installed under the same financial year to address the facility's water needs.



3. The dispensary is severely understaffed, with only one health worker posted under the Universal Health Coverage (UHC) programme. At the time of the visit, this staff member was on strike, prompting the Ministry of Health to post a temporary locum officer to provide interim patient care. This staffing gap compromises service continuity and quality.
4. The facility has no piped water and relies solely on rainwater, making operations vulnerable during dry seasons.
5. The facility's pit latrine roof was blown off by strong winds, rendering it unusable. Patients and staff currently depend on one pit latrine constructed by the local Catholic Mission Board (CMB).
6. Maluma Dispensary is not yet gazetted, preventing it from registering patients or participating in the Social Health Authority (SHA) program, thereby excluding the facility from critical government health financing mechanisms.
7. The facility experiences regular stockouts of essential drugs, mainly due to supply chain constraints at KEMSA, affecting its ability to meet patient needs.
8. The drug store lacks proper storage shelves, compromising the safe storage, organization, and accountability of pharmaceuticals.

### **Specific Recommendations**

1. The Ministry of Health and Kitui County Department of Health should urgently deploy additional permanent staff to the facility to ensure continuity and quality of care.



2. Immediate gazettelement of the facility should be prioritized to enable patient registration, facilitate integration into the SHA programme, and qualify for health insurance reimbursements.
3. The County Government should plan for the installation of piped water to ensure a reliable and clean water supply for medical and sanitation needs.
4. A new sanitary block should be constructed, or the damaged pit latrine should be rehabilitated, to restore hygienic conditions for patients and staff.
5. The County Health Management Team (CHMT) should coordinate with KEMSA and other partners to improve supply chain reliability and explore buffer stock mechanisms to avoid drug shortages.
6. The dispensary should be equipped with appropriate drug storage furniture and shelving to preserve drug quality and facilitate better inventory management.

#### **Zombe Level 4 Hospital, Kitui County**

The Assembly delegation conducted an oversight visit to Zombe Level 4 Hospital in response to public outcry over poor service delivery at the facility. The delegation was received by the Hospital Administrator, Madam Fauzia Musembi, and held a consultative meeting with the hospital staff to better understand the operational challenges facing the institution.

The delegation noted that Zombe Level 4 Hospital attends to approximately 30 patients per day, a figure considered alarmingly low given the facility's designation as the only Level 4 hospital in Kitui East Sub-County. This low



turnout raises serious concerns about public confidence in the facility's ability to deliver quality healthcare services to the community.

Key Observations made are;

1. While the ultrasound machine is functional, the X-ray machine has been non-operational since 2021 due to a damaged tube. The County Engineering Department is aware of the issue, but repairs are still pending.
2. Reports were received indicating that some staff members attend to patients while under the influence of alcohol. The Ministry of Health is said to be investigating the matter with the intent to initiate disciplinary proceedings.
3. The Orthopedic and Trauma Department lacks necessary medical supplies, forcing patients to either seek services in private clinics within Zombe town or be referred to Kitui County Referral Hospital (KCRH).
4. The hospital operates on a cashless revenue system and is actively implementing SHA registration. Revenue claim submissions were reported as follows:
  - a) March: KES 258,920
  - b) April: KES 455,150
  - c) May: KES 602,160
  - d) June: KES 663,880



5. Though the facility has an ambulance, patients are often required to fuel it themselves when being referred to higher-level hospitals, limiting timely emergency response.
6. Frequent power outages disrupt service delivery, particularly during night shifts. The hospital has no alternative power source, such as a generator or solar backup.
7. The laboratory requires additional technical staff as it handles all major tests for the sub-county, including tuberculosis diagnostics. In addition, reagents are frequently insufficient to meet the testing demand.
8. The pharmacy is inadequately stocked, largely due to supply gaps at KEMSA, affecting the availability of essential medications.
9. The hospital has no CCTV surveillance system, posing a risk to the security of staff, patients, and property.
10. The facility is understaffed, particularly in key clinical departments and among casual workers, leading to increased workload and reduced service efficiency.

### **Specific Recommendations**

1. The County Government of Kitui should fast-track the repair or replacement of the X-ray machine to restore comprehensive radiology services.
2. The Ministry of Health should conclude investigations into the alleged staff misconduct and take appropriate disciplinary action where necessary to maintain professional standards.



3. Provision of essential orthopedic and trauma supplies should be prioritized to reduce unnecessary referrals and dependence on private providers.
4. Ambulance operations should be fully supported by the County executive to lift the burden of fueling from patients during emergency referrals.
5. The facility should be equipped with a reliable backup power source to ensure continuity of services during power outages, especially at night.
6. Additional laboratory personnel and reagents should be provided to meet the increasing diagnostic workload and improve turnaround time.
7. Strengthen coordination with KEMSA and explore alternative sourcing mechanisms to address drug shortages in the pharmacy.
8. Install CCTV systems to enhance security within the facility.
9. Conduct a comprehensive staffing review and allocate additional personnel—both clinical and support staff—to relieve the current workload and improve patient care.
10. Conduct a public sensitization and confidence-building campaign to restore community trust in Zombe Level 4 Hospital and increase service utilization.

### **Mwitika Health Centre, in Zombe ward Kitui County**

The Parliamentary Delegation visited Mwitika Health Centre as part of its oversight mandate to assess the quality of healthcare services and the condition of infrastructure in public health facilities across Kitui County. The



delegation was informed that the facility attends to over 30 patients per day, serving a large catchment population, and remains a crucial access point for healthcare in the region.

**Key Observations made;**

1. The facility buildings are aged and in a state of disrepair, with visible cracks on the walls, collapsing ceilings, and rusted roofing sheets, all of which pose safety hazards to patients and staff. Comprehensive renovation is urgently needed.
2. The health centre is severely understaffed. Several nurses and clinical officers who were transferred from the facility have not been replaced, significantly affecting service delivery and patient care.
3. Some sections of the facility, including the administration block and parts of the maternity wing, are not connected to electricity, limiting operational capacity, especially during night shifts and emergency care.
4. The facility's fence has been vandalized, and the main gate is broken, exposing the premises to unauthorized access, stray animals, and theft risks, thereby compromising the safety of staff, patients, and property.
5. The facility is not connected to a water pipeline and relies solely on rainwater harvesting, which is insufficient to meet daily needs, especially during the dry season.
6. The laboratory is in urgent need of renovation and re-equipping. It lacks biosafety cabinets and sufficient reagents, which severely limits the scope and quality of diagnostic services provided at the facility.



## **Recommendations**

1. The County government should urgently allocate funds to renovate and rehabilitate the entire facility, including replacement of roofing, repair of cracked walls and ceilings, and general structural improvements to ensure safety and functionality.
2. The county Ministry of Health and Sanitation should prioritize the deployment of additional nurses and clinical officers to fill staffing gaps and meet the healthcare demands of the catchment population.
3. The facility should be fully connected to electricity, with urgent attention given to administration offices and the maternity wing to enable proper night operations and emergency response.
4. The fence and main gate should be repaired or reconstructed to enhance security and protect both personnel and assets within the facility.
5. The County Government, in collaboration with relevant water authorities, should connect the facility to a reliable piped water system to ensure consistent water supply for clinical use and sanitation.
6. The laboratory should undergo comprehensive renovation and be equipped with essential diagnostic tools, including biosafety cabinets, and be regularly supplied with adequate reagents to ensure effective service delivery.

## **Katumbi Dispensary, in Chuluni Ward Kitui County**

The Parliamentary Delegation visited Katumbi Dispensary as part of its mandate to assess healthcare service delivery and facility conditions in Kitui County. The delegation was received by Mr. Samuel Mutunga, the Nurse-in-



Charge, who was present and actively attending to patients at the time of the visit.

The facility is operational and attends to over 40 patients daily, offering curative, promotive, and preventive health services to the surrounding population.

**Key Observations made;**

1. The facility is critically understaffed, with only one nurse on site. The absence of a laboratory technician significantly limits diagnostic services, affecting the quality of healthcare.
2. The main building is in poor structural condition, with cracked walls and termite-infested doors, posing safety and hygiene risks.
3. Construction of the maternity wing stalled in 2019, leaving the facility unable to provide essential maternal and newborn care services.
4. The facility is not connected to piped water and relies entirely on rainwater harvesting. The only available water tank is broken, compromising water availability for clinical use and sanitation.
5. There is a shortage of functional toilets for both staff and patients, leading to unhygienic conditions.
6. The absence of staff accommodation affects night shifts and limits the facility's capacity to respond to emergency cases.
7. The facility has no incinerator, making it difficult to safely dispose of medical waste, which raises serious environmental and public health concerns.



8. The dispensary lacks adequate furniture and fittings for both staff operations and patient comfort.
9. The facility is not fenced and lacks a gate, leaving it vulnerable to unauthorized access, theft, and intrusion, despite having a watchman.
10. The dispensary is built on land that lacks a formal title deed, complicating potential expansion and long-term infrastructure planning. The land is reportedly not officially owned by the County Government.
11. The facility faces inadequate budget allocations, making it difficult to pay casual workers and carry out routine maintenance.
12. The supply of essential medicines is erratic and insufficient. At the time of the visit, no drugs were available. The most recent delivery in May 2025 only met a portion of the required quantities due to KEMSA stockouts.

### **Specific Recommendations**

1. The County Department of Health should deploy at least one additional nurse and a laboratory technician to support the growing patient workload and improve diagnostic capabilities.
2. Allocate funds for urgent renovation of the main building, including the repair of cracked walls, replacement of damaged doors, and general refurbishment.
3. Revive and complete construction of the stalled maternity wing to ensure access to safe maternal and newborn healthcare services.



4. Connect the facility to a reliable piped water source, and replace the damaged water tank to guarantee continuous water availability for clinical and sanitation purposes.
5. Construct additional toilets for both staff and patients to improve hygiene and sanitation standards.
6. Allocate resources to build staff housing to ensure 24-hour service delivery.
7. Provide a medical waste incinerator to facilitate safe and environmentally compliant disposal of hazardous waste.
8. Procure and install adequate furniture and fittings to ensure a functional and patient-friendly healthcare environment.
9. Reconstruct the facility's perimeter fence and gate to enhance security and prevent intrusions.
10. Regularize the land ownership by acquiring a formal title deed under the County Government to support future development and expansion plans.
11. Increase budgetary allocation to the facility to cover wages for casual workers and ensure routine maintenance is carried out effectively.
12. Engage with KEMSA and alternative suppliers to improve the consistency and sufficiency of drug supplies, while exploring emergency buffer stock mechanisms.



### **Maongoa dispensary in Waita Ward**

Maongoa Dispensary is located in Thonoa Village. Although it has been constructed and partially renovated over the years, the facility remains non-operational due to a lack of medical equipment and personnel.

The dispensary was initially constructed through a community harambee initiative. In the 2013/2014 financial year, renovations were carried out, including the installation of metallic doors and windows, and painting of the facility. In FY 2016/2017, a four-pit latrine was constructed. A staff house was added in FY 2019/2020. Further renovations in FY 2024/2025 included roof and ceiling replacement, additional painting, and cabinet installation.

#### **Key Observations by the Delegation:**

1. The facility if operationalized, shall serve a wide catchment area and is critical to improving healthcare access in the region. Its non-operational status has left a significant service gap.
2. The dispensary lacks any medical equipment and no medical staff have been deployed.
3. The facility has not been wired for electricity and is not connected to the main power grid.
4. Although two water storage tanks are installed and connected to gutters, there is no piped water system despite a water pipeline passing through the compound.
5. The facility lacks a fence and a gate, making it vulnerable to intruders and stray animals.



6. The dispensary compound has limited land available for future expansion.

### **Specific Recommendations:**

#### **1. Immediate Operationalization:**

- a) Fast-track the equipping of the facility with basic medical supplies and equipment.
  - b) Deploy at least one qualified medical officer and necessary support staff as a priority.
2. Install internal wiring and connect the facility to the national electricity grid to support service delivery.  
  
Connect the facility to the piped water system to ensure a reliable and hygienic water supply.
  3. Construct a fence and install a gate to secure the facility from unauthorized access and animal intrusion.
  4. Engage relevant stakeholders to explore possibilities for acquiring adjacent land to allow for future expansion of the facility.

### **Kalisasi Health Centre in Mwingi Central Ward**

A delegation visited Kalisasi Health Centre, located in Mwingi Central Ward. The team was received by the Clinical Officer in charge of the facility, accompanied by the Ward Administrator.

In their briefing, the facility leadership indicated that over fifty patients are attended to daily, underscoring the critical role the health centre plays in the



region. Despite its importance, the facility is faced with several operational and infrastructure challenges that hinder effective service delivery.

### **Key Observations:**

1. The facility is not fenced, making it vulnerable to intruders and stray animals. This poses a security threat to both patients, staff and hospital property.
2. While the maternity wing has been completed, it remains non-operational due to lack of equipment and staffing.
3. The facility is not connected to a piped water supply, creating major hygiene and sanitation challenges.
4. Toilets are in poor condition and require urgent renovation.
5. The administration block and staff housing are in disrepair, with visible cracks and falling ceilings. These buildings also lack electricity connections.
6. The health centre faces frequent shortages of essential drugs, largely due to limited stock availability from KEMSA during the ordering cycle.
7. The laboratory is not up to standard and requires renovation, adequate equipment, and a consistent supply of reagents.
8. The facility lacks an ambulance, hampering timely referral of emergency cases.
9. The centre is significantly understaffed, affecting service delivery and increasing patient wait times.



10. The facility is duly registered and compliant with the Social Health Authority (SHA) system, enabling access to health insurance reimbursements.

11. Funding received is insufficient to meet operational needs, including staff salaries and essential reimbursements.

### **Recommendations:**

1. Construct a fence and gate to enhance security and prevent intrusion by animals and unauthorized persons.
2. Allocate funds for procurement of necessary maternity equipment and deploy qualified maternal health staff.
3. Connect the facility to a piped water supply to ensure hygiene and effective operation of all departments.
4. Renovate the existing toilets and consider constructing new gender-separated units that meet public health standards.
5. Urgently renovate the administration block and staff houses, and install proper electrical wiring and power connection.
6. Engage with KEMSA and explore alternative mechanisms to ensure timely and adequate drug supply.
7. Renovate the laboratory to meet diagnostic standards, supply modern equipment, and ensure a consistent supply of reagents.
8. Allocate an ambulance to the facility to strengthen emergency response and referrals.



9. Recruit additional clinical and support staff to address the growing patient workload and improve service delivery.

### **Kanzau dispensary in Mbitini Ward**

The delegation visited Kanzau Dispensary, where they were received by the Village Administrator and the Facility Nurse-in-Charge, Ms. Beatrice Mangure.

The nurse informed the delegation that the dispensary structure was constructed through CDF (Constituency Development Fund) and later operationalized by the County Government in 2017. The facility currently serves an average of 15 patients per day.

### **Key Observations:**

1. The facility is not fenced, exposing it to intruders and stray animals, which poses a security risk to both staff and property.
2. The building has not been wired and is not connected to the national electricity grid. There is also no alternative power source such as solar or a generator. This affects cold chain management, especially for vaccines, resulting in increased immunization defaulters.
3. The dispensary is manned by only one nurse, significantly affecting service delivery and limiting operational hours.
4. There are no water tanks or piped water connections. This lack of water storage and supply affects hygiene and basic operations.
5. The building is aging, with visible cracks, no ceiling, and in urgent need of major renovation.



6. The dispensary experiences frequent stockouts of essential medicines due to irregular supply and challenges in the KEMSA ordering cycle

**Specific Recommendations:**

1. Construct a fence and gate around the facility to secure the premises and protect infrastructure from vandalism and animal intrusion.
2. Install electrical wiring and connect the dispensary to the main power grid and provide an alternative power solution such as solar power or generator backup to maintain the cold chain for vaccines and other critical services.
3. Deploy at least one additional nurse and support staff to address the staffing gap and ensure efficient service delivery.
4. Install water storage tanks and ensure connection to a piped water supply for proper hygiene and operational sustainability.
5. Allocate funds for comprehensive building renovation, including repair of cracks, ceiling installation, painting, and general maintenance.
6. Engage with KEMSA to address delays and stockout issues, and explore contingency arrangements to ensure consistent availability of essential medicines.



#### **4. CHAPTER FOUR: COMMITTEE'S OBSERVATIONS AND ANALYSIS**

The Committee made the following thematic observations based on cross-cutting issues identified during the inspection:

**1. Disconnect Between Capital Investment and Service Delivery**

Numerous health projects had reached completion structurally but had not been equipped or staffed for use. This shows a disjointed planning process that fails to integrate operational readiness.

**2. Neglect of Routine Maintenance**

There is little evidence of structured maintenance plans. Facilities are left to decay over time, eroding public trust and resulting in additional repair costs.

**3. Weak Procurement and Supply Chain Management**

Drug stockouts and supply delays were mainly attributed to inefficiencies at KEMSA, aggravated by weak county-level coordination and poor stock forecasting.

**4. Unstructured Human Resource Management**

Transfers, retirements, and resignations were not followed by timely replacements, especially in rural areas. There was also no evidence of workforce incentive programs to support hard-to-reach facilities. This negatively affects service delivery.

**5. Budgetary Constraints and Misaligned Allocations**

Facility administrators reported inadequate operational budgets, affecting sanitation, payment of casuals, and general upkeep.



## **6. Failure to implement Oversight Resolutions**

Previous Committee recommendations had not been implemented by the Executive, indicating governance and accountability gaps.

## **7. Missed Opportunities for Public-Private and Community Collaboration**

Community-initiated or CDF-constructed facilities (e.g., **Maongoa** and **Kanzau**) were often neglected by the County Government. There is a need to formally integrate such facilities into the county system.



## **5. CHAPTER FIVE: GENERAL COMMITTEE RECOMMENDATIONS**

In light of the findings and observations outlined in the previous chapters, the Committee on Health and Sanitation hereby makes the following recommendations aimed at strengthening health service delivery, improving operational efficiency, and enhancing accountability within the Kitui County health sector:

### **1. Operationalization of Idle Infrastructure:**

The County Executive should prioritize the equipping, staffing, and commissioning of all completed but non-operational health facilities. Budgetary allocations for medical equipment, furniture, and personnel must be provided alongside infrastructure development.

### **2. Recruitment and Deployment of Health Personnel:**

Immediate recruitment of additional healthcare workers is necessary, particularly in under-served rural and hard-to-reach areas. The County Public Service Board should develop a strategic staffing plan aligned with facility needs and consider providing incentives for deployment in remote locations.

### **3. Strengthening the Supply Chain System:**

The County Department of Health and Sanitation should improve procurement planning, inventory management, and timely distribution of drugs and essential supplies. Introduction of automated inventory tracking systems is recommended to enhance transparency and minimize pilferage or wastage.



#### **4. Infrastructure Maintenance and Utility Provision:**

Regular maintenance schedules should be established for all health facilities, including routine repairs and painting. Furthermore, provision of clean water, reliable electricity (including installation of solar power systems), and perimeter fencing should be prioritized in future budgets.

#### **5. Enhancing Stakeholder Engagement:**

The Department should ensure the active involvement of frontline workers, facility in-charges, and community representatives in planning and implementation processes. This participatory approach will promote ownership, improve service design, and align investments with local needs.

#### **6. Improved Planning and Coordination:**

Before initiating new projects, comprehensive feasibility assessments should be undertaken to evaluate community health needs, sustainability, and readiness in terms of staffing and equipment. Integrated planning across departments (e.g., energy, water, roads) is essential to support functionality.

#### **7. Revamping the Referral and Emergency System:**

The County should invest in well-equipped ambulances and establish a centralized, well-coordinated referral system. Training of ambulance drivers and emergency response personnel should also be undertaken to improve maternal and emergency care outcomes.



## **8. Monitoring and Evaluation Framework:**

A robust monitoring and evaluation framework should be institutionalized, with clear indicators, regular field visits, and performance tracking tools. The County Assembly should receive quarterly reports on project status, budget absorption, and health outcomes.

## **9. Accountability Mechanisms:**

The County Executive should implement previous recommendations issued by the County Assembly and provide progress reports. Disciplinary action should be taken against officers found to have mismanaged public resources or neglected oversight directives.

## **10. Leveraging Partnerships and Innovation:**

The County Government should proactively collaborate with NGOs, donor agencies, and private entities to harness technical, financial, and technological support in bridging gaps in the health system. Special attention should be given to innovative and sustainable models such as telemedicine and solar-powered facilities.



## **6. CHAPTER SIX: COMMITTEE LIMITATIONS AND CHALLENGES**

While the oversight inspection yielded valuable insights, the Committee encountered several limitations and challenges that impacted the depth and scope of the assessment:

### **1. Time Constraints:**

The vast geographic spread of Kitui County and the limited duration of the inspection period (five days) restricted the number of facilities that could be visited. Some areas of concern could not be inspected due to logistical limitations.

### **2. Limited Access to Documents:**

In some facilities, project implementation documents and operational records were either incomplete or unavailable, which hindered the Committee's ability to cross-verify certain claims made by staff or community members.

### **3. Security and Accessibility Issues:**

Some remote health facilities were located in areas with poor road access or security concerns, particularly during adverse weather conditions, limiting the Committee's physical reach.

Despite these challenges, the Committee exercised diligence and professional commitment to gather actionable findings and provide grounded recommendations for policy and administrative improvement.



## 7. CONCLUSION

The oversight inspection exercise undertaken by the Health and Sanitation Committee of the Kitui County Assembly between 1<sup>st</sup> and 5<sup>th</sup> July 2025 revealed deep-seated structural, operational, and planning challenges within the county health system. While the County Government has made notable investments in health infrastructure, the intended benefits have not been fully realized due to poor implementation planning, staffing inadequacies, equipment and drug shortages, and limited accountability mechanisms.




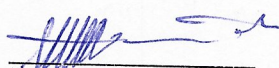
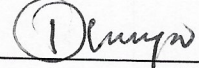
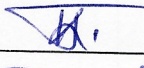

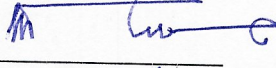
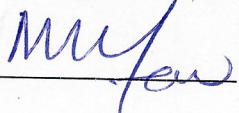

To safeguard public health and optimize returns on public investment, the Committee urges the County Executive to urgently address the highlighted gaps and implement the recommendations contained in this report. The Assembly, through its oversight mandate, will continue to monitor progress and demand accountability for the realization of a functional, equitable, and efficient health system that meets the needs of all Kitui residents.

The Committee remains committed to supporting legislative, budgetary, and policy measures that enhance health service delivery in the county. Collaboration between the Executive, Assembly, civil society, and communities is essential to achieving universal health coverage and advancing the right to health as enshrined in the Constitution of Kenya.



## ANNEX 1- ADOPTION OF THE REPORT

We, the Honorable Members of the Committee on Health and Sanitation have pursuant to Standing Order 179 adopted this report on the inspection of projects undertaken by the County Ministry of Health and Sanitation, and append our signatures to affirm our approval, confirmation, accuracy, validity and authenticity of this Report.

<u>NAME</u>	<u>DESIGNATION</u>	<u>SIGNATURE</u>
1. Hon. Benard M. Munyasya	Chairperson	
2. Hon. Kyalo Kimuli	V/Chairperson	
3. Hon. Dr. Erastus Musyoka Mbuno	Member	
4. Hon. Stephen Ileve Katana	Member	
5. Hon. Hussein Mwandia	Member	
6. Hon. Malinga Munyao	Member	
7. Hon. Joseph Kasungi Kavula	Member	
8. Hon. Mathew Ngovi Vuthi	Member	
9. Hon. Daniel Kimanzi Muange	Member	
10. Hon. Munira Mohammed	Member	
11. Hon. Fastina Mwende Solomon	Member	



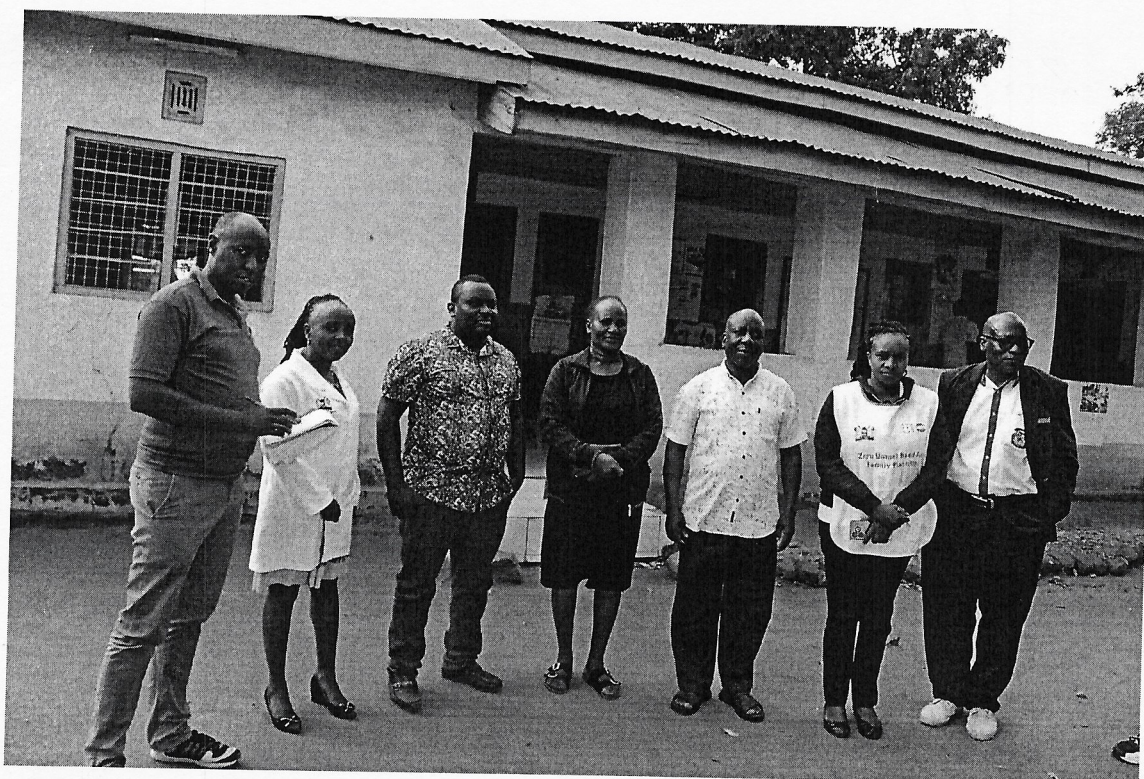
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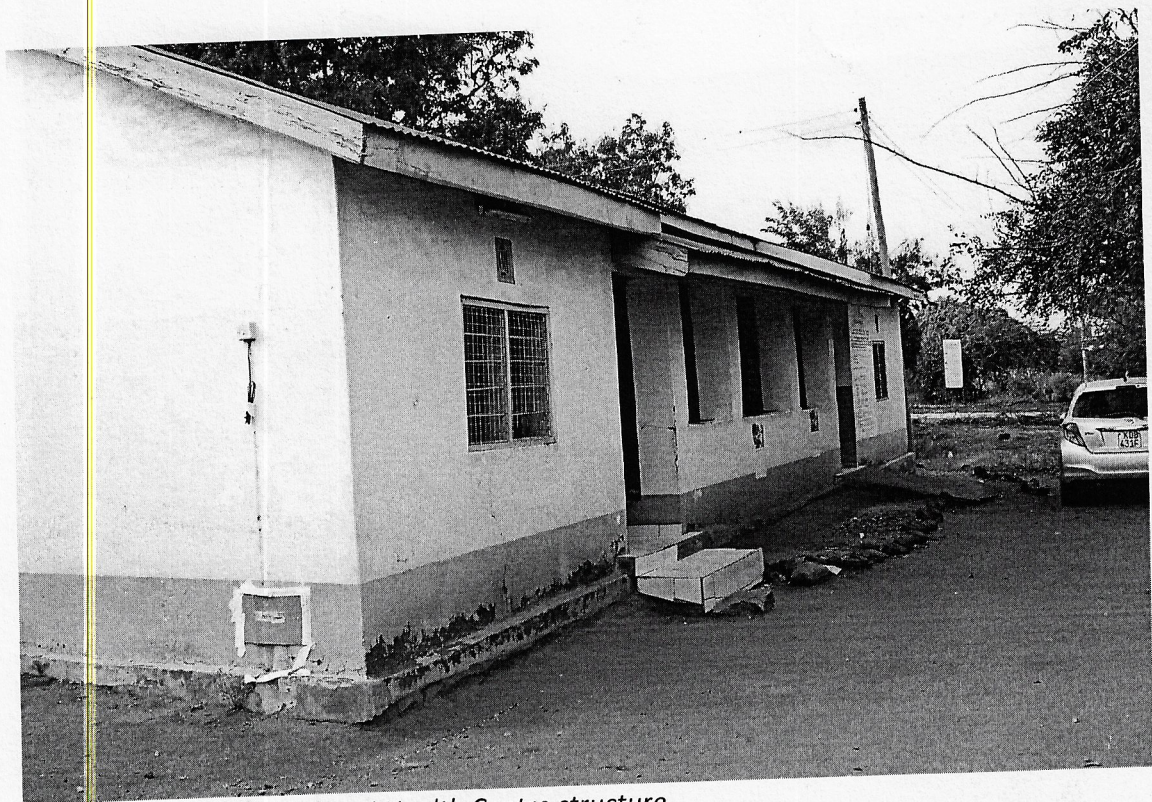


*Figure 1: Newly built Kalisasi Health Centre Maternity ward*



*Figure 2: Members pose for a photo outside Kalisasi Health Centre*





*Figure 3: Dilapidated Kalisasi Health Centre structure*



*Figure 4: Kalisasi Health Centre entrance gate*



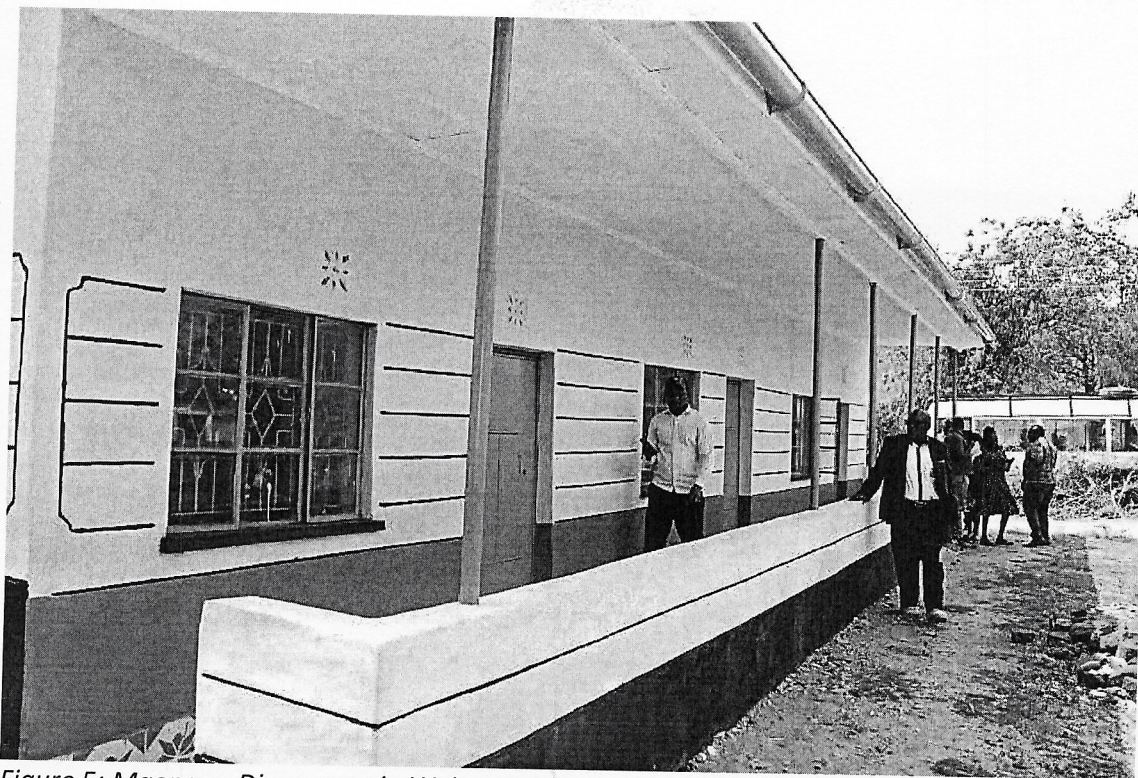
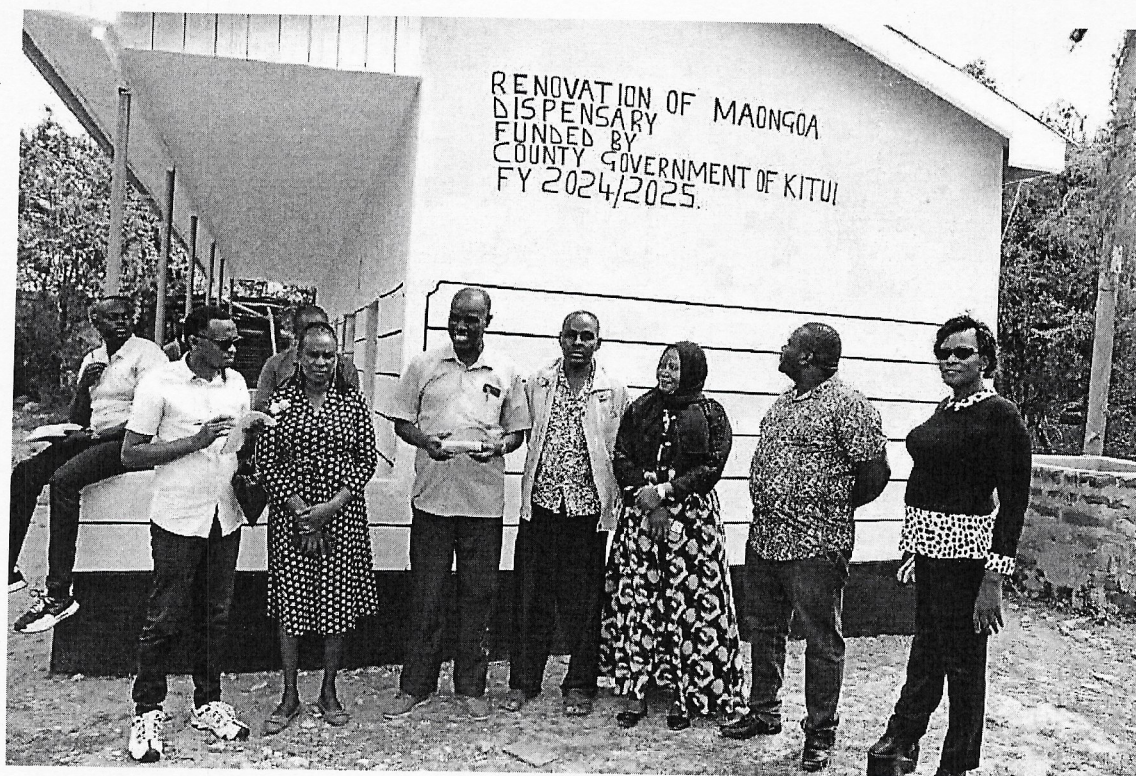


Figure 5: Maongoa Dispensary in Waita Ward







*Figure 6: Members posing for a photo outside new constructed kitchen at Migwani Level 4 Hospital*





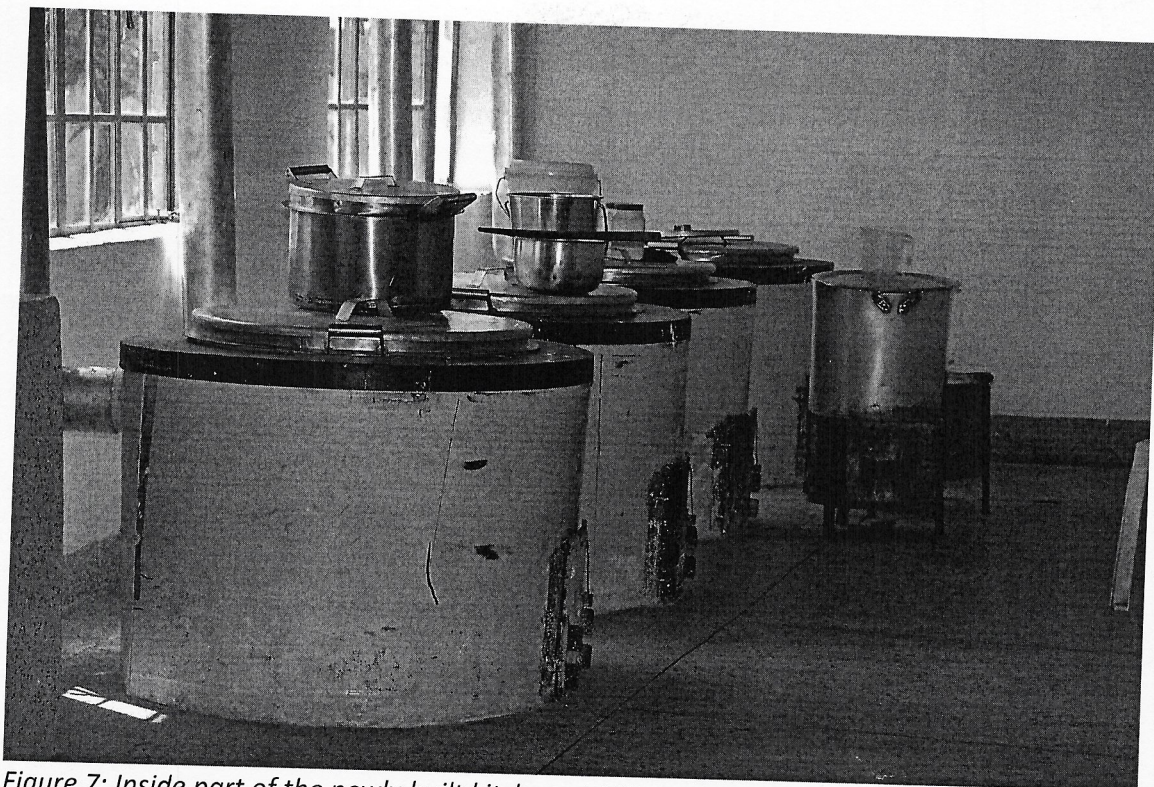
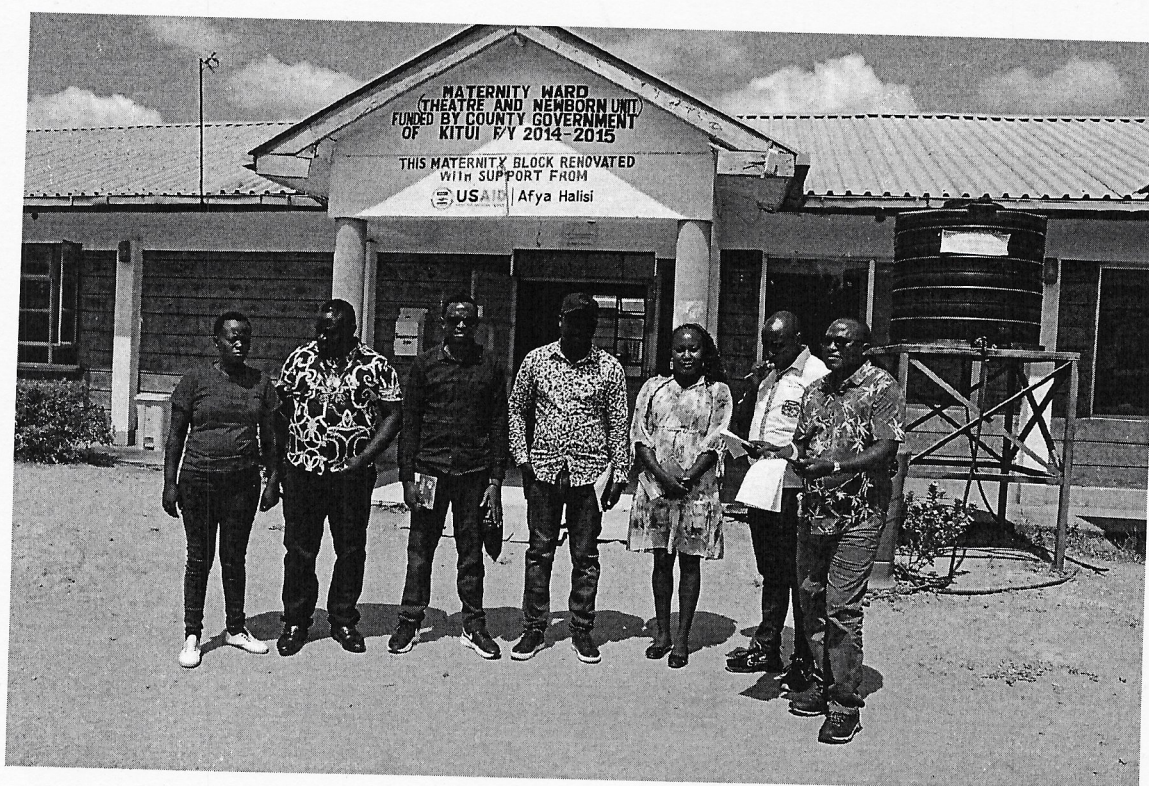


Figure 7: Inside part of the newly built kitchen at Migwani Level 4 Hospital





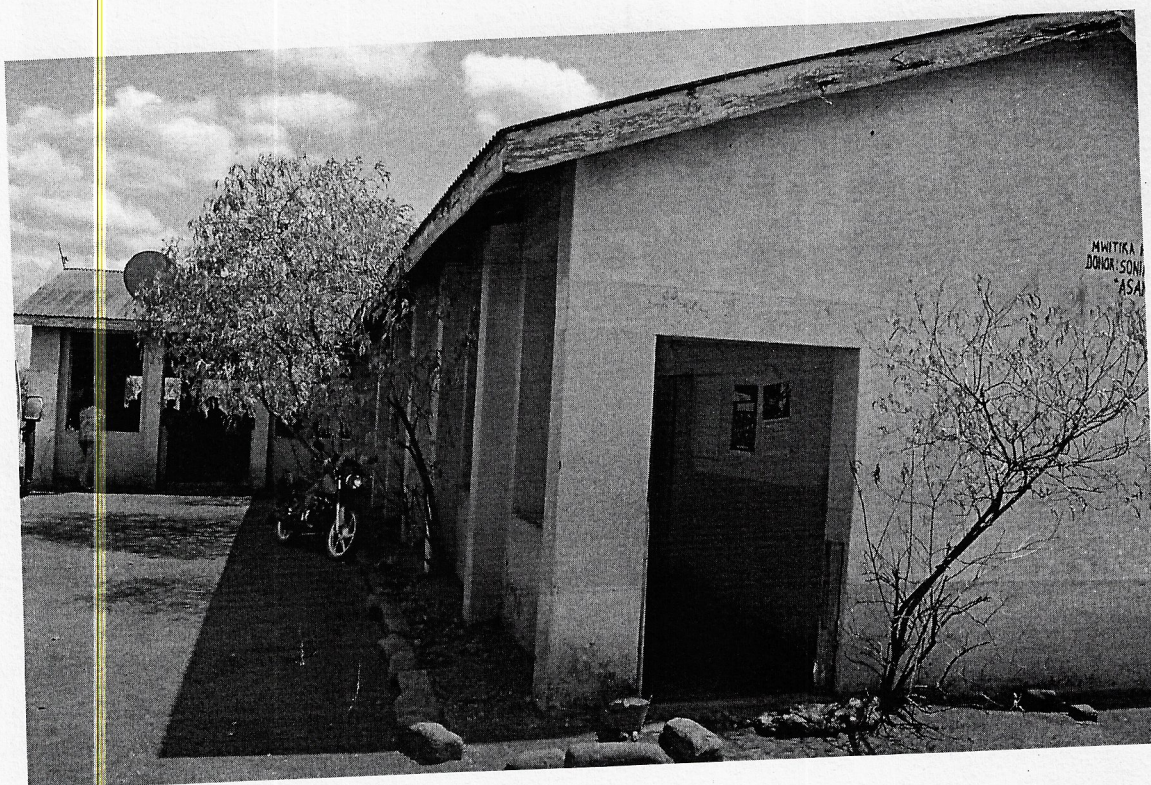


Figure 8: Mwitika Health Centre

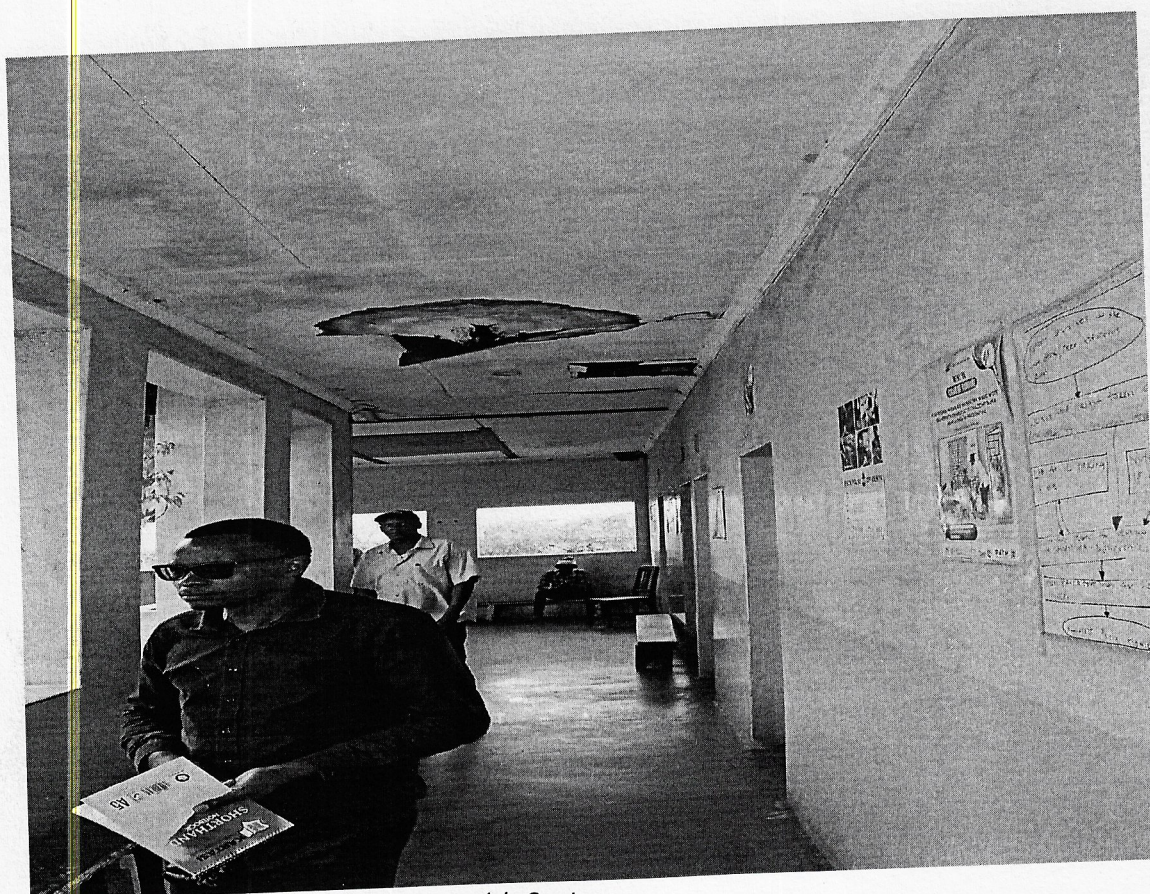


Figure 9: Broken ceiling, Mwitika Health Centre



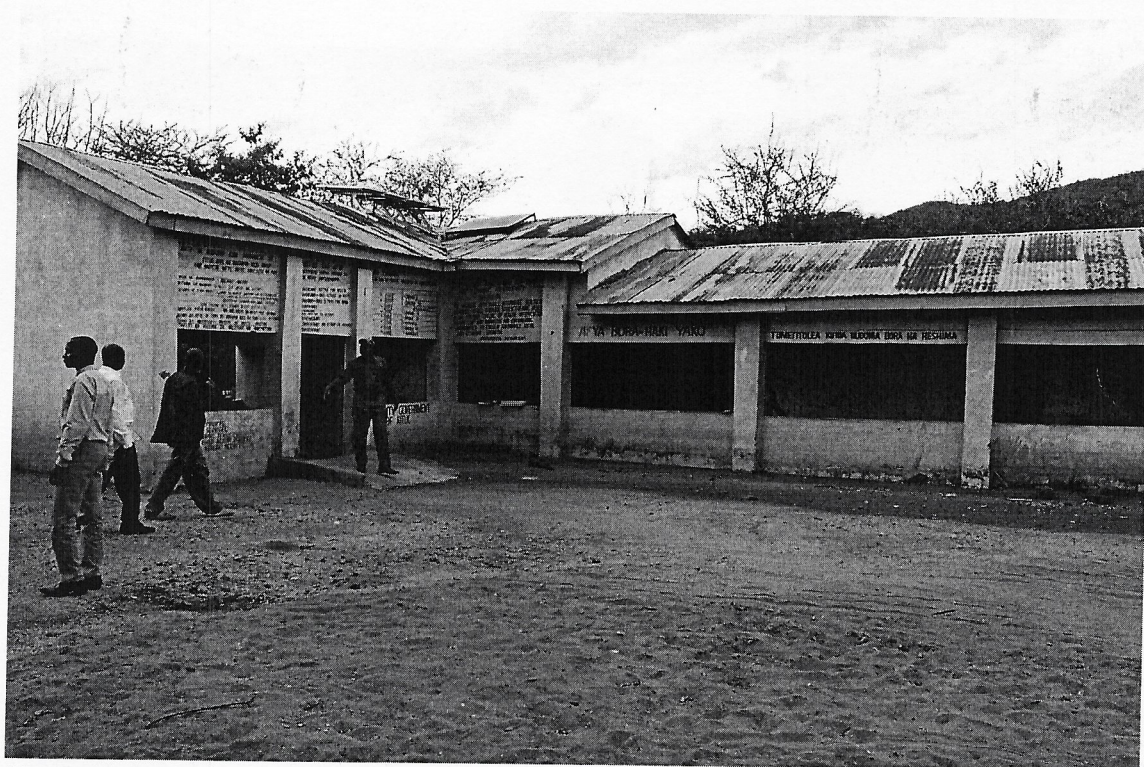
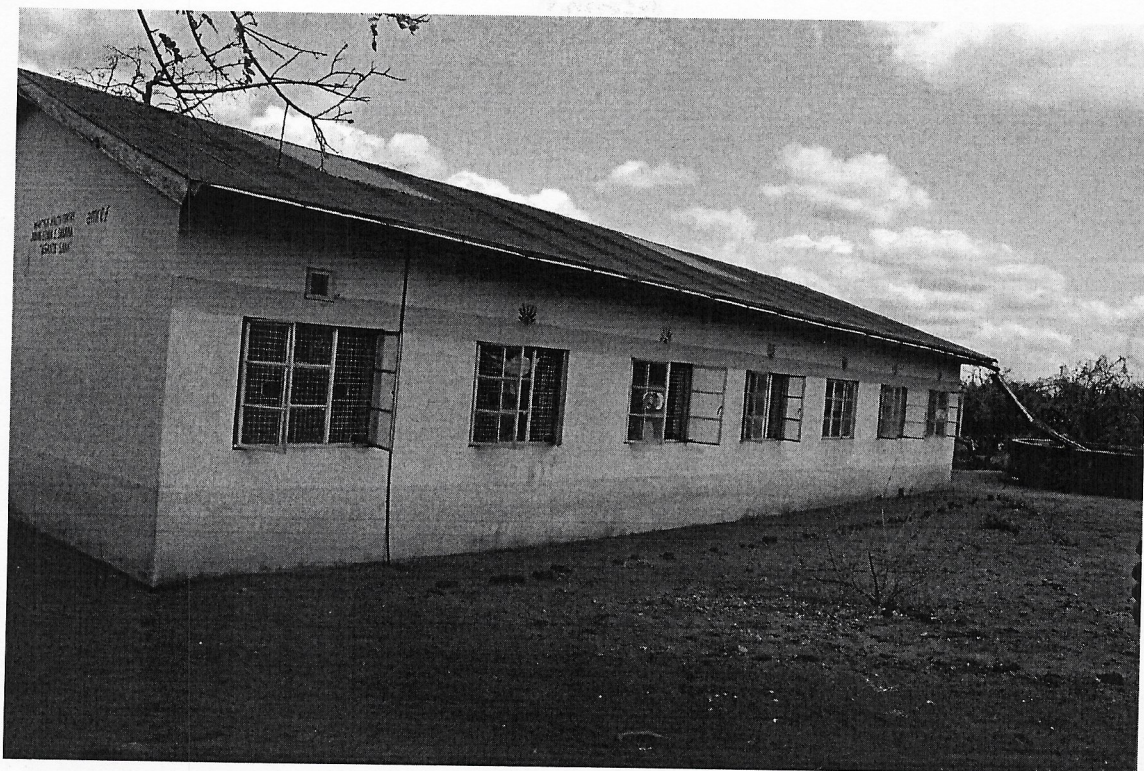


Figure 10: Katumbu Dispensary in Chuluni Ward



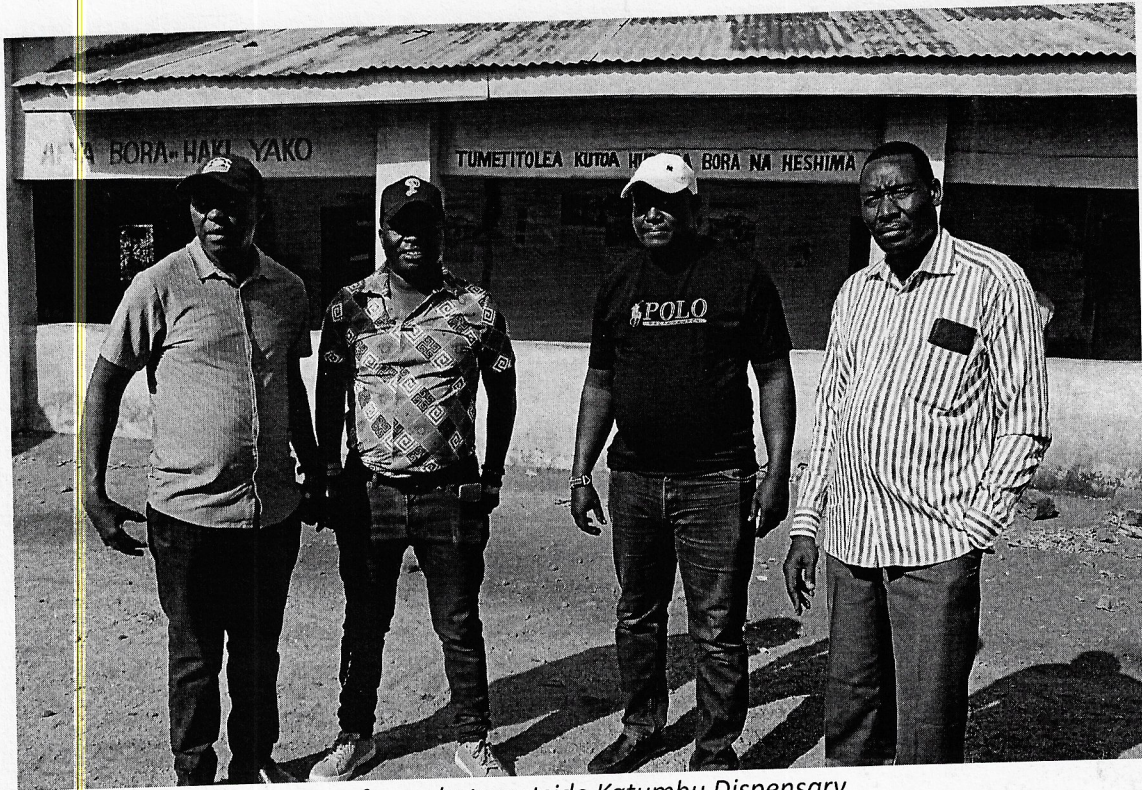
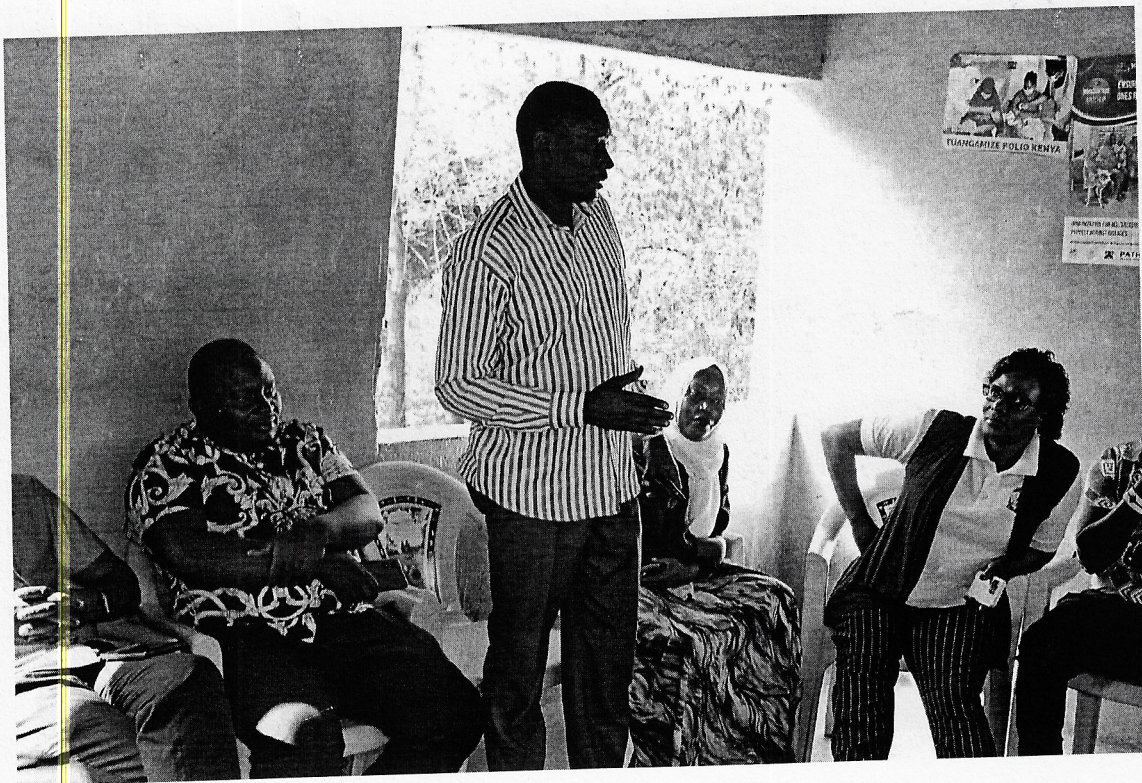


Figure 11: Members posing for a photo outside Katumbu Dispensary





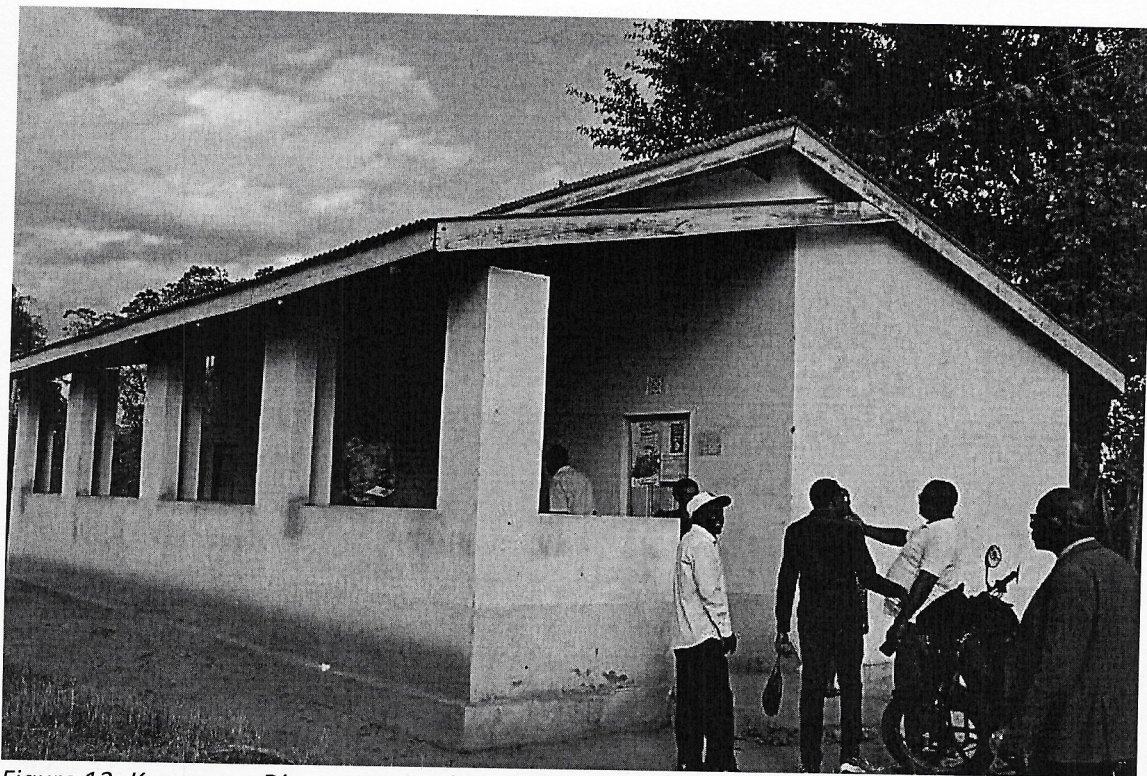
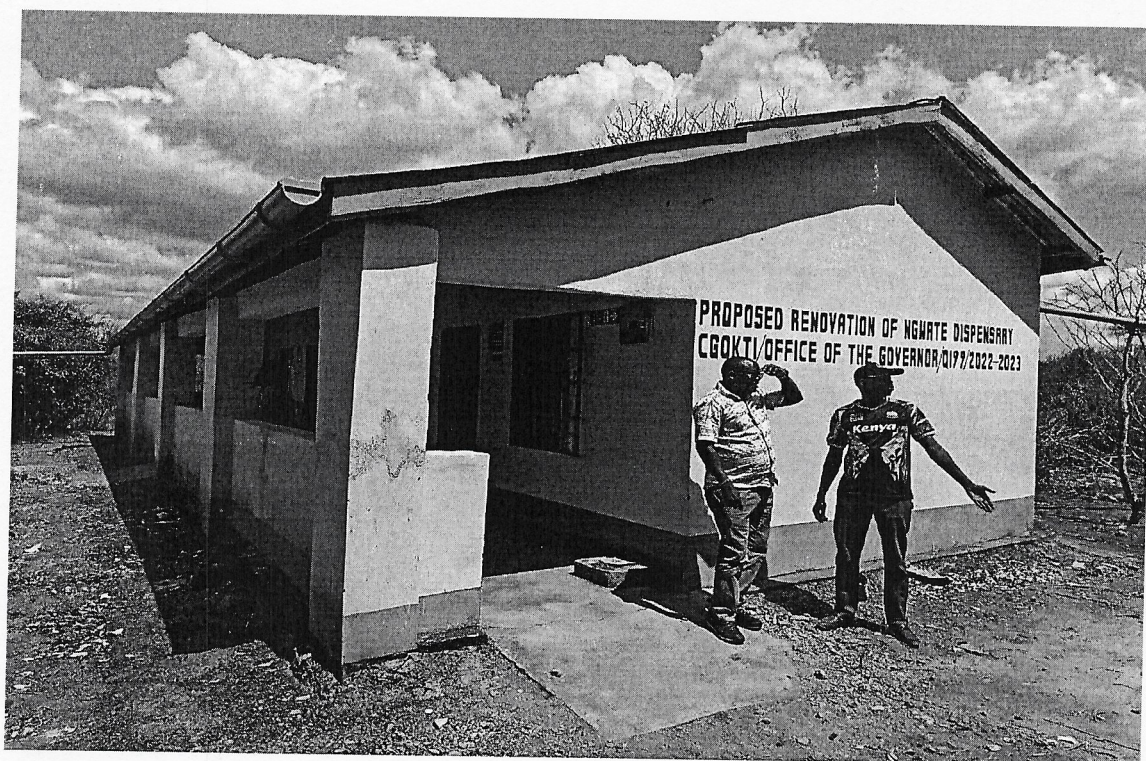


Figure 12: Kanzauwa Dispensary in Chuluni Ward



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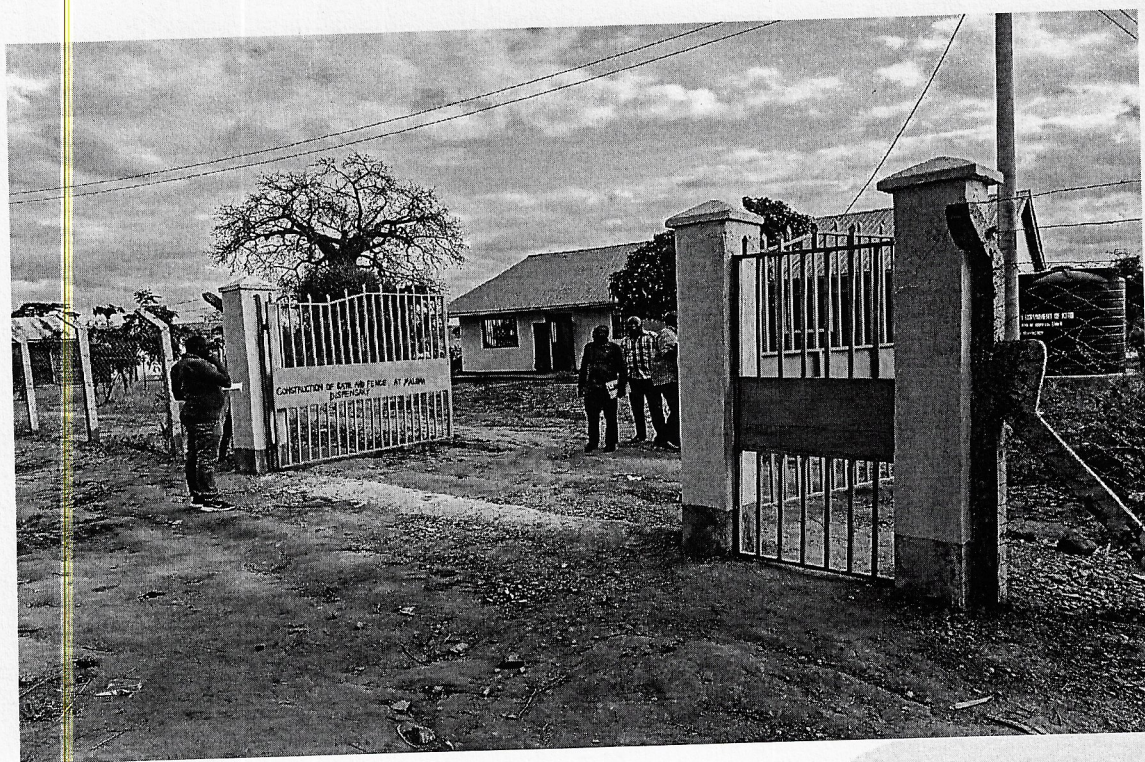
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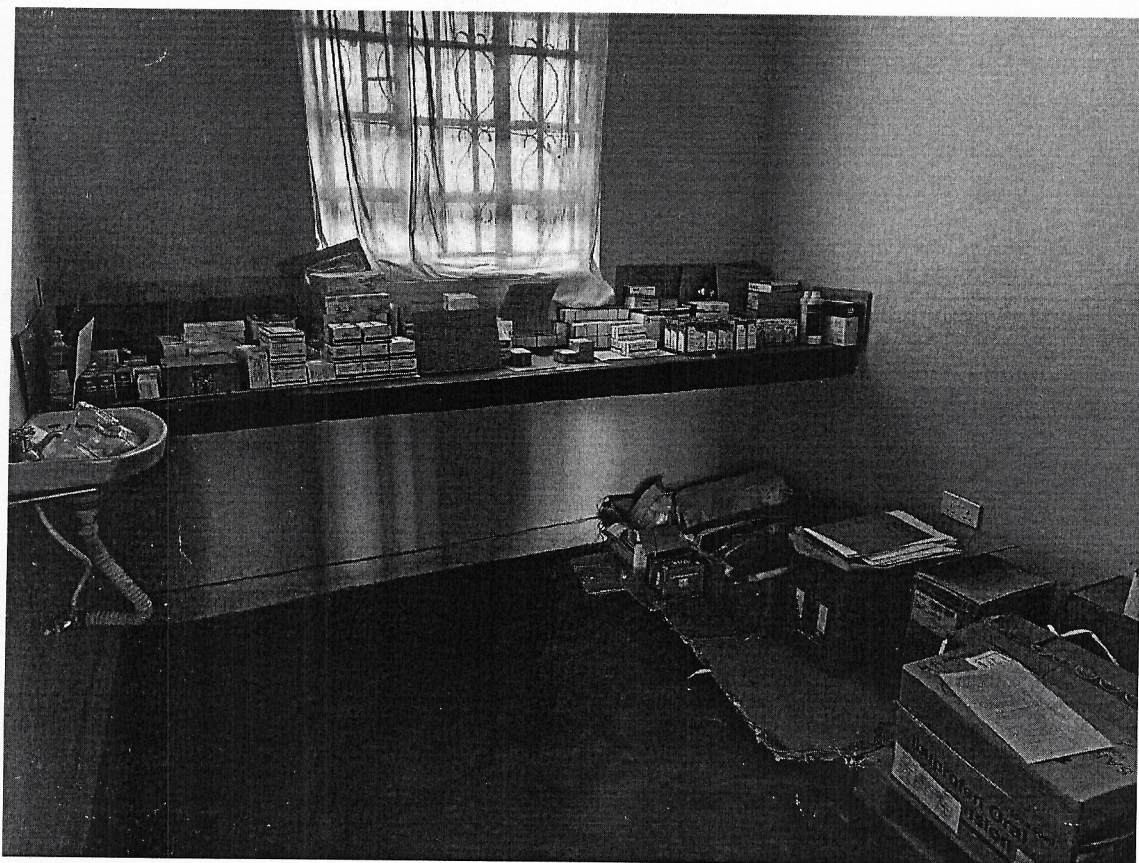


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Figure 13: Maluma Dispensary in Athi Ward





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*Figure 14: Drug store at Maluma Dispensary*



