

REPUBLIC OF KENYA



COUNTY GOVERNMENT OF KITUI

THE COUNTY ASSEMBLY

SECOND ASSEMBLY - (THIRD SESSION)-2019

COMMITTEE ON HEALTH AND SANITATION

REPORT ON

**INSPECTION OF PROJECTS FUNDED BY THE COUNTY
GOVERNMENT OF KITUI AND SERVICE DELIVERY ASSESSMENT
ACROSS THE COUNTY**

**Clerk's Chambers,
Kitui County Assembly Buildings,
P.O Box 694-90200
KITUI.**

MARCH , 2019

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1.0 LIST OF ABBREVIATIONS & ACRONYMS

B.Q’s-Bill of Quantities

CCC – Comprehensive Care Centre

CHSO – Community Health Service officer

F.Y-Financial Year

K-CHIC- Kitui County Health Insurance Cover

KEMSA- Kenya Medical Supplies Authority

MCA -Member of County Assembly.

MCH – Maternal Child Health

MO – Medical officer

NBU – New Born Unit

NGCDF- National Government Constituency Development Fund

OPD – Outpatient Department

PFMA-Public Finance Management Act

PHO – Public Health officer

VHSO – Voluntary Health Service officer

CHAPTER ONE

2.0 EXECUTIVE SUMMARY FOR REPORT BY COMMITTEE ON HEALTH AND SANITATION ON PROJECT INSPECTION AND SERVICE DELIVERY ASSESSMENT

Mr. Speaker,

This report entails the findings of the committee on Health and Sanitation during her inspection of projects and service delivery assessment across the County undertaken from 20th February to 4th March, 2019.

During the exercise, the Committee made physical inspection of the projects initiated since 2013 to 2018, interviewed the members of the public and the officers in charge of the health facilities. Of interest to the Committee was the impact of these projects with regards to quality service delivery to the people of the respective areas which forms the basis of the recommendations contained in this report.

The exercise involved the following activities: -

- I. Observation of the projects.
- II. Recording of information.
- III. Oral interviewing of citizens stakeholders and officers in charge of facilities
- IV. Discussions between the Committee Members and members of the public.
- V. Taking photographs.

During the exercise, the committee sought to establish among others;

- i. The quality of work done to establish if members of the public got value for money concerning the resources allocated to specific project.
- ii. If the contractors adhered to specifications in the Bill of Quantities (BQ).
- iii. Whether the views of the residents were considered during identification and choice of the projects.
- iv. Challenges affecting the already implemented projects.
- v. Improvements needed to be done in the implemented projects.
- vi. The impact of these projects with regards to level of service delivery to the people.
- vii. The impact of the K-CHIC program and its challenges.

2.1 CHALLENGES

- i. Quarterly reports by the sector ministries were unavailable. This made it difficult for the Committee to ascertain what had been done in relation to the BQs.
- ii. Some areas were inaccessible during the exercise due to poor state of roads.

- iii. In some cases it was difficult to get some crucial information on projects as the contractors were not available on the sites.
- iv. Health facilities management boards representatives in line with the new act were not available thus denying the committee an opportunity to interact with them. The committee was not able to cover some areas in Kitui west and Mwingi west constituencies due to lack of sufficient time.

CHAPTER TWO

3.0 PREFACE

3.1 Committee's mandate

Mr. Speaker Sir,

The Sectoral Committee on Health and Sanitation derives its mandate from the provisions of Standing Order No. 190(5) and the second schedule of the Standing Orders, which define the functions of the committee as follows;

- i. Investigate, inquire into and report on all matters relating to the mandate, management, activities, administration, operation and estimates of the assigned department;
- ii. Study programs and policy objectives of departments and the effectiveness of the implementation;
- iii. Study and review all county legislation referred to it;
- iv. Study, assess and analyse the relative success of departments as measured by the results obtained as compared with their stated objectives;
- v. Investigate and inquire into all matters relating to the assigned departments as they may deem necessary, and as may be referred to them by the County Assembly;
- vi. To vet and report on all appointments where the constitution or any law requires the County Assembly to approve, except those under Standing Order 185 (Committee Appointments); and
- vii. Make reports and recommendations to the county assembly as often as possible, including recommendation of proposed legislation.

3.2 Committees Membership

Mr. Speaker Sir,

The Committee on Health and Sanitation comprises of the following members:

- | | |
|--------------------------------------|------------------|
| 1. Hon. Anthony Ndoe Mwanzia | Chairperson |
| 2. Hon. Stephen Ileva Katana | Vice chairperson |
| 3. Hon. Geoffrey Muli Mwalimu | Member |
| 4. Hon. Elizabeth Ndunge Peter | Member |
| 5. Hon. Regina Mueni Ishmail Musyoki | Member |
| 6. Hon. Grace Mwikali Sammy | Member |
| 7. Hon. Dr. Grace Mutua | Member |
| 8. Hon. Eliud Muteti Nding'uri | Member |
| 9. Hon. Josphine Kavivi Mutie | Member |
| 10. Hon. Charles Muthui Maema | Member |
| 11. Hon. Mary kanini Philip | Member |

3.3 ACKNOWLEDGEMENT

Mr. Speaker Sir,

The conceptualization and development of this report was made possible by the selfless commitment of numerous individuals who contributed expertise and diverse human resource to see this assignment come to fruition. Without their invaluable input, this publication would have been stillborn.

Mr. Speaker Sir,

I also express profound gratitude to the members of the committee and secretariat for the technical support. It is through their enthusiasm, hard work and commitment that we credit the accomplishment of this mission.

Mr. Speaker Sir,

Finally, Special mention must go to Office of the Speaker and that of the Clerk for the facilitation accorded to this honorable committee in fulfilment of its oversight mandate.

Thank You,

SIGNED

HON. ANTHONY NDOO MWANZIA, MCA)

CHAIRPERSON, COMMITTEE ON HEALTH AND SANITATION.

DATE

Report compiled by Onesmus Mutua Mbwang'a clerk assistant

CHAPTER THREE

4.0 PROJECTS UNDER INSPECTION

Mr. Speaker Sir,

The Committee conducted projects assessment exercise of Sector Ministry projects across the County from 20th February to 4th March, 2019. In undertaking the inspection exercise, the Committee acted within the provisions of Article 185 (3) of the Constitution which states that; -

“A County Assembly, while respecting the principle of the separation of powers, may exercise oversight over the County Executive Committee and any other County Executive organs;

Mr. Speaker Sir,

During the exercise, the Committee was able to inspect several health facilities projects in various Wards across the County as listed below;

- I. Mitamisyi dispensary- Ngomeni ward.
- II. Tseikuru level IV hospital- Tseikuru ward.
- III. Nthangani dispensary- Tharaka ward.
- IV. Kaste health center- Mumoni ward.
- V. Waita health center – Waita ward.
- VI. Mwingi level IV hospital- Mwingi central ward.
- VII. Kanzui dispensary- Kivou ward.
- VIII. Kamulewa dispensary- MUI ward.
- IX. Nuu Health Centre- Nuu Ward.
- X. Zombe Health Centre- Zombe/ Mwitika Ward.
- XI. Kanziku Health Centre- Kanziko ward.
- XII. Ikutha Level Iv-Ikutha/ ward.
- XIII. Mutomo Level IV Hospital –Mutomo/ Kibwea Ward.
- XIV. Mbitini Health Centre-Mbitini Ward.
- XV. Kisasi Health Centre –Kisasi Ward.

4.1 COMMITTEE’S FINDINGS AND OBSERVATIONS ON INDIVIDUAL PROJECTS

1. MITAMISYI DISPENSARY

Mitamisyi dispensary was started through the NGCDF funding way back before the inception of the devolved system. The facility offers treatment for minor ailments as it lacks a laboratory where tests can be carried out. This facility is manned by two nurses

and two casuals employed by the county government. In the compound there is a maternity block which was also funded by the then NGCDF in the 2012/2013 fy up to 95% completion however, this block is not in use as the project stalled and lacks basic equipment such as beds. It also lacks connection to water and electricity.

FURTHER OBSERVATIONS

The committee was informed that supply of drugs in the facility was fair but not regular as only two deliveries had been received since October, 2018.

The two casuals employed by the county government complained of delays in the salaries where in some cases they go for several months without pay.

The committee was informed that there was no registration centre for the K-CHIC Program for the residents of Mitamisyi as the only nearby centre was at Mwingi level IV or Kyuso level IV which are many miles away. This has led to low turn up for the registration of the households.

The facility is not fenced thus exposing its property to theft and vandalism.

The facility lacks water and electricity connection thus making it hard to offer quality services to the residents.

The facility administration was yet to constitute a new management board in line with the new act thus posing a threat to quality management.

The facility finds it very difficult to address emergency cases as there is no ambulance in the neighborhood and patients are left to look for alternative ways in the event of emergencies.

COMMITTEE'S RECOMMENDATIONS

The county ministry on health and sanitation should fast track the completion and the operationalization of the maternity block in this facility.

At least one ambulance should be allocated to serve the health facilities in Ngomeni ward.

A registration centre for the K-CHIC program should be put up to serve the people of Mitamisyi and the environs.

The County Ministry on Environment, Energy and mineral Investment Development Resources should ensure electricity connectivity to this facility.

A chain link fence should be constructed around this facility to secure its property.

The County Ministry on Health and Sanitation should employ mechanisms to ensure a regular and smooth supply of drugs in this facility.

A new management board should be constituted in this facility as a matter of agency to boost the management aspect of the health facility.

In order to boost the staff morale the County Ministry on Health and Sanitation should ensure timely remuneration of its casuals.

2. TSEIKURU LEVEL IV HOSPITAL

Tseikuru level IV hospital has several functional departments including the outpatient department (OPD), maternal and child health (MCH) and pharmacy among others.

The committee was informed that the facility enjoyed a fair staffing and was running smoothly without any major challenges.

The pharmacy department enjoyed a fair supply of drugs which is mainly done by KEMSA.

This hospital has one operational ambulance which also serves other health facilities in this region.

THE NEW THEATRE BLOCK

The committee was informed that the theatre block was partly funded by the former NGCDF and later handed over for finishing by the county government. The committee was informed that the project was awarded to MUSAVAN CONTRACTORS co. ltd at a value of ksh. 2,400,000.00 In the 2016/2017 FY. The scope of the works included installation of a theatre lump and electrical wiring. The committee was informed that all the monies were paid to the contractor.

The committee observed that this theatre block was not in use following the poorly installed lump, poor drainage and ventilation which did not meet the specifications of an ideal theatre room.

The committee was informed that all surgery cases are referred to Mwingi level IV hospital despite having qualified staff who can render similar services in this facility.

THE K-CHIC SERVICES IN TSEIKURU HOSPITAL

The committee was informed that a good number of the residents had registered for this program since its launch in August, 2018.

A cross examination on the patients admitted in the hospital informed the Committee that many of the admitted patients were using the K-CHIC card. The Committee established that those patients using the K-CHIC card were charged absolutely nothing for all the services rendered by the hospital.

Despite the K-CHIC program having picked smoothly, the Committee was informed that since the launch of the K-CHIC program this hospital had not received any reimbursement claimed out of the expenses incurred as a result of the extra workload brought about by

the K-CHIC program. The amount owed to this hospital was approximately three million shillings. The Committee was informed that the hospital was at the verge of getting stuck as a result of the accumulated debts. The Committee examined some claim forms available in the hospital to ascertain the authenticity of this claim.

COMMITTEE RECOMMENDATIONS

The County Ministry for Health and Sanitation should move with speed to allocate funds for minor corrections to the inoperational theatre block for proper drainage, installation of equipment and ventilation.

Timely reimbursement should be given to the hospital to cushion against the extra cost as a result of the K-CHIC program.

A new hospital management board in line with new ACT should be constituted to give the facility the benefits of quality management.

Proper supervision should be done on projects and approvals done before payments are done to avoid double cost on poorly done projects.

3. NTHANGANI DISPENSARY

Nthangani dispensary was funded by the county Government in the 2017/2018 FY. The facility is currently served by one nurse assisted by one casual.

The committee was informed that this facility treats only minor ailments due to lack of laboratory services.

The committee was informed that an average of 20- 25 persons are treated on a daily basis. The nursing officer in charge informed the committee that the facility had experienced irregular supply of drugs which affected smooth service delivery.

The Committee was informed that the residents were facing serious difficulties in the registration to the K-CHIC program as there was no registration centre in their neighbourhood since the nearest registration center is far away in Kyuso Hospital.

The committee was informed that this being the only health facility covering a radius of over 30 km it was big relief to the residents and requested for more staff in this facility. A serious concern was raised on the state of affairs in the local town where garbage was left uncollected and the town unswept as result of the termination of the cleaners' contracts. The residents requested urgent intervention on this matter to avert a looming public health crisis.

COMMITTEE RECOMMENDATIONS

- i. The county ministry on health and sanitation should address the staffing needs of this facility urgently to offer quality services.

- ii. This being the only facility serving a wide radius, should be equipped with a laboratory to treat a wide range of ailments.
- iii. Market cleaners should be contracted as a matter of urgency to help clean the local market to avert a looming public health crisis.
- iv. A registration center should be established to serve the people of Nthangani and its environs.

4. KATSE LEVEL III HEALTH FACILITY

Katse is a level III hospital which serves the residents of Mumoni, Tharaka, and partly Kyuso wards. The facility serves approximately 50-90 patients daily with the numbers fluctuating to the higher side on market days.

The facility treats common ailments with referral cases being taken to Mwingi referral Hospital.

The Committee was informed that the facility has one (1) clinical officer, two (2) nurses, one (1) lab technician, one (1) public health officer, one (1) records officer, two (2) peer educators, two (2) casuals and one (1) mentor mother serving in the various departments of this facility.

The Committee established that the supply of drug substances to the facility was fairly good apart from rare cases of low supply.

A cross-examination of the patients available in the facility informed the Committee that the residents were not happy with the long time spent on the queues when seeking treatment which was attributed to understaffing in the facility.

In the pharmacy department has no pharmacist, dispensation of drugs is done by casuals under the guidance of a clinician.

The records department has one records officer assisted by casuals employed by the facility.

The Maternity department is operational with a bed capacity of six, however the bed capacity is expected to increase upon the completion of the new maternity block. The Committee was informed that due to staff shortage there are no night duty shifts in this facility.

This facility has no ambulance since the ambulance allocated to the facility is grounded following a mechanical breakdown. In the event of needy cases, the facility relies on Kyuso hospital's ambulance, which is many miles away.

The facility has no incinerator and the Pit latrines in the facility are almost full thus new ones need to be constructed as a matter of urgency.

The facility stands on a land acreage of 3.8 Ha. But has no fence hence the facility's property is at the risk of being vandalized and generally insecure.

The facility is connected to the national grid for electric power supply, however, the clinical officer in charge complained of very high electricity bills which eat into the facility's small allocation from the County Government. The facility has a regular supply of water from a local shaft.

MATERNITY PROJECT IN KATSE LEVEL III HEALTH FACILITY

The maternity project was awarded to HEZIPHI construction co. ltd. 2016/2017 FY. The value of the project was ksh. 5,116,825.00. The scope of the works included walling, roofing, plastering, painting, general fittings, wiring and plumbing. The works started in June 2017 but stalled soon after the foundation level due to fear of political uncertainties of 2017. The works resumed in February 2018 and continued smoothly till completion in March, 2019. The Committee was pleased with the nice work done by this particular contractor. All the finishing and the fittings were done well however, drainage has not been done well and the maternity has not been connected to electricity and water supply thus it remains unutilized.

COMMITTEE RECOMMENDATIONS

- i. For this facility to operate at its optimum the County Ministry on Health and Sanitation should employ more health staff according to the World Health Organization (WHO) staffing norms to match the demands of a level III hospital including night call duties.
- ii. An incinerator should be constructed in this facility as a matter of urgency to avoid pollution of the environment by medical waste.
- iii. New pit latrines should be constructed the soonest possible to deter a looming public health crisis in the facility.
- iv. The facility needs a hedge in order to secure the facility's property and keep the compound safe.
- v. The County Ministry on Health and Sanitation should act with haste to repair the ambulance in order to save the lives of the needy cases. To address this problem and improve on efficiency, the Committee recommends that there should be an imprest allocation to the facility to address such breakages in future without having to depend on the County Headquarters for minor repairs which goes through lengthy procurement procedures.
- vi. The facility leadership should move with speed to put in place a management board in line with the new health facilities management act legislated by the County Assembly.

- vii. The residents requested to have a K-CHIC registration center in this facility to enable them register for this program with ease.
- viii. The new maternity block should be equipped, connected with electricity and water for its utilization.

5. WAITA LEVEL III HEALTH FACILITY

Waita health centre has several operational departments including OPD, laboratory, MCH, and pharmacy.

The committee was informed that the facility attends to an average of 60- 120 patients on daily basis mainly treating common ailments while referral cases are sent to Mwingi level IV Hospital.

The committee observed that in the drug store some drugs meant for katuluni, Ithumbi, and Maongoa dispensaries were still held in waita facility because these dispensaries were not operational.

The committee was informed that drug supply was quite irregular and this hindered smooth services to the people. The committee observed that the facility had no fence, no staff quarters, and no incinerator.

The committee was informed that there was need to establish a registration centre for the K-CHIC program as residents of waita have travel to Mwingi level IV Hospital for such services which is many miles away.

COMMITTEE RECOMMENDATIONS

- i. The County Ministry on Health and Sanitation should employ mechanisms to ensure regular supply of drugs in this facility.
- ii. Staff houses and fence should be constructed in this facility as a matter of urgency to ensure smooth services to the residents.
- iii. The County Ministry on Health and Sanitation should move with speed to operationalize Katuluni, Ithumbi, maongoa dispensaries in order to take services closer to the people.
- iv. A K-CHIC registration centre should be put up in this facility to shorten the distances people cover seeking for the registration services.
- v. Enough water storage tanks should be installed in this facility to ensure regular supply.

6. MWINGI LEVEL IV HOSPITAL

Mwingi level IV hospital offers services to the residents of the larger Mwingi and also attends to referral cases from other hospitals, health centres and dispensaries in the region.

Being a referral hospital it has fully operational departments including, pharmacy, Laboratory, Dental, Eye unit, OPD, Records, Maternity, Surgical, Medical engineering, Mortuary, X-ray among others.

THE PHARMACY DEPARTMENT

The pharmacy department is served by two (2) Pharmacists and three (3) pharmaceutical technologists. This staffing is below the staffing norms of a referral hospital. One extra pharmacist is needed and two pharmaceutical technicians for optimal operation of this facility. The pharmacy department is faced with delays and sometimes a miss-match of the supplies from KEMSA.

THE LABORATORY DEPARTMENT

The laboratory department is served by six (6) laboratory technicians with a shortfall of nine (9). The department carries out various tests including microscopy, culture, and sensitivity among others. This department is faced with shortages of reagents hence hindering its optimal operations.

THE RADIOLOGY DEPARTMENT

The radiology and imaging department has three (3) radiographers with a shortfall of two (2). This department has sufficient machines and equipment, however, shortage of reagents hinders its full operations. Computed tomography Scanning (CT scan) which is a vital service for a referral hospital is not done due to lack of the equipment.

THE PHYSIOTHERAPY

In the physiotherapy department, there are two physiotherapists leaving a shortfall of three (3). The department has sufficient equipment for its operation, however it faces a big challenge as the rooms are not spacious enough for proper operations.

THE MEDICAL ENGINEERING DEPARTMENT

The medical engineering department is served by three (3) medical engineers leaving a shortfall of one. The department is doing fairly well.

THE DENTAL UNIT

The dental department has two (2) dentists and one dental technician leaving a shortfall of (1) dental technician. The department offers services in extraction, filling, root canal but has no capacity to handle dental replacements. The equipment supplied to this department by the County Government is partially faulty and cannot effectively operate.

THE EYE UNIT

The eye unit has no eye specialist and needy cases are attended to by clinicians. Referral cases in the Eye department are sent to Kenyatta National Hospital while surprisingly this department is fully equipped with no eye specialists to offer specialized eye treatment.

THE OUT-PATIENT DEPARTMENT

The outpatient department is served by two (2) doctors, (3) clinicians, and six (6) nurses and offers 24-hour services. Currently, there are two consultation rooms, which are too small a problem that will be solved once the newly constructed OPD is completed. The department enjoys a reasonable number of enough equipment for its optimal operations.

THE MATERNITY DEPARTMENT

The maternity department has a bed capacity of twenty-five (25) attended by thirteen (13) nurses. Currently, the department is very congested since there are no separate wards for antenatal care, labour, postnatal, post-operative and new-born unit, however, this problem will be solved once the newly constructed surgical and amenity wards are equipped and operationalized. This department lacks sufficient machines and equipment for its optimum operations.

THE MWINGI LEVEL IV HOSPITAL MORTUARY

The Mortuary in Mwingi hospital has a body preservation capacity of sixteen (16). This capacity will increase once the newly constructed mortuary is completed and equipped. Only two casuals attend to the mortuary at the moment, which means there is an urgent need for qualified staff not limited to pathologists, and mortuary attendants.

The management however voiced out its concerns about the siting of the new mortuary, which in their opinion will not be accessible for its proper utilization. The administration sites lack of collaboration between the contractor and the leadership of the facility which resulted to poor siting of the new mortuary.

THE HOSPITAL MANAGEMENT BOARD

The administration informed the Committee that the facility was at an advanced stage in implementing the new health facilities management ACT passed by the First Assembly.

Mwingi level IV hospital has two ambulances which are overwhelmed by the high demand for the services in the region.

The facility lacks an incinerator for waste medical materials. The facility has no perimeter wall hence making it difficult to control the movement of people in and out of the facility. This has resulted to some patients sneaking out with unpaid hospital bills.

THE NEW SURGICAL AND AMENITY WARDS BLOCK

The committee was informed that this new block was funded by the county government in the 2016/2017 FY. The contract was awarded to SUNKAR HARDWARE and TOOLS co. Ltd. The value of the project was ksh. 39,852,465.96 Where the scope of the works included walling, roofing, painting, wiring, plumbing and general fittings. The committee observed that this contractor had finished the work and was in adherence with the BQs. The committee established that all the payments have been done. The committee was of the opinion that this contractor had done a commendable job however, the equipping and operationalization of this new block was pending and thus not in use.

THE NEW OUT- PATIENT BLOCK

The committee was informed that this new block was funded by the county government in the 2016/2017 FY. The contract was awarded to KASONI GENERAL CONSTRUCTIONS co. Ltd. The value of the project was ksh. 59,418,910.90 Where the scope of the works included walling, roofing, painting, wiring, plumbing and general fittings.

The committee was informed that all the payments had been done to the contractor however the OPD block has not yet been equipped for its utilization. The committee was impressed with the good work done by this contractor.

THE NEW MORTUARY BLOCK

The committee noted that this block was funded by the county government in the 2016/2017 FY. The contract was awarded to KASONI GENERAL CONSTRUCTIONS co. Ltd. The value of the project was ksh. 20,508,600 where the scope of the works included walling, roofing, plastering, wiring, plumbing, general fittings, water and electricity connection installation of cold rooms and compressors. So far only ksh. 6,000,000 has been paid to the contractor leaving a balance of ksh.14, 508,600.00

The committee observed that the contractor had done 75% of the works including walling, roofing, general fittings less window panes only.

The rest of the works as per the BQs were not done. The work has stalled following delayed payments as per the information provided by both the contractor and the works department.

THE K-CHIC PROGRAM IN MWINGI LEVEL IV HOSPITAL

The committee noted that following the launch of this program in August, 2018 the facility has seen a growth in the number of patients attended both in out-patient and in-patient.

The residents have enrolled in large numbers for this program given that there is a full time registration centre in this facility. The committee observed that patients with the K-CHIC card paid absolutely nothing for all services rendered by this facility.

The committee was informed that since the inception of the program the hospital despite having sent several claim documents for reimbursement of extra money spent as a result of the K-CHIC program no such monies have been received. This has led to the hospital struggle to offer quality services as a result of huge bills of patients seeking services with the K-CHIC card. The amounts accrued were amounting to ksh 15,000,000 which was pushing the hospital into debts.

SPECIFIC CHALLENGES FACED IN MWINGI LEVEL IV HOSPITAL

- i. Mwingi level IV hospital lacked a trauma centre due to the fact that it is located along a high way where many road accidents are witnessed.
- ii. As a result of the high numbers due to the use of the KCHIC card the hospital was handling a huge numbers in the in-patient department which has forced sharing of beds among the admitted patients.
- iii. Mwingi level IV hospital has no blood bank which makes it difficult to handle the emergency cases as a result of many road accidents on the Nairobi Garissa high way.
- iv. The facility experiences water shortages especially during the dry season, the administration suggested that if all the running water from the nearby rock catchment could be harnessed this would solve this problem permanently. Currently the facility spends over ksh 500,000 on water bills monthly.
- v. The available reagents in the lab and radiology department were running out of stock as a result of the extra demand following the K-CHIC card patients this was pushing the facility into debts as a result of the delayed reimbursements.
- vi. The current mortuary was full and overcrowded since it was operating beyond its capacity leading to poor preservation of bodies.
- vii. The facility has no fence around its compound hence making it difficult to control the movement of people in and out of the facility.

COMMITTEE RECOMMENDATIONS

- i. The County Ministry on Health and Sanitation should address the staffing needs of this facility based on the departmental needs.
- ii. The newly constructed OPD block, surgical and amenity wards should be equipped and operationalized to ease the current congestion in the departments.
- iii. Proper funding should be done to the stalled mortuary project to enable the contractor complete the remaining woks.
- iv. A perimeter wall should be constructed around the facility to make it secure and control the movement of people.

- v. The K-CHIC funds manager should ensure timely reimbursements of monies to ensure smooth flow of activities to avoid financial crisis in this hospital which will affect service delivery.
- vi. The County Ministry on Water and Irrigation should allocate funds to harvest the running water from the nearby rock next to the hospital to solve the water problem.
- vii. A trauma centre should be constructed in this facility to treat the accident cases along the Mwingi Garissa high-way.
- viii. A blood bank should be established in this facility to be used in treatment of the accident cases.

7. KANZUI DISPENSARY

The construction of Kanzui Dispensary in Kivou ward was funded by the then CDF and was later equipped and stocked with drugs and operationalized by the county government.

The facility is running under one nurse assisted by two casuals. This facility treats minor ailments as there are no laboratory services due to lack a laboratory.

The committee was informed that the facility was receiving irregular supply of drugs hence affecting the service delivery to the residents. The committee found some anti-malarial drugs which in the opinion of the committee were a waste since these drugs are not dispensable without proper diagnosis which can only be done through a laboratory test.

The committee observed that there was no fence around the facility hence making it insecure and prone to vandalism. The committee observed that the feeder road to Kanzui dispensary was in a very poor state making it completely difficult to access the facility. The committee was shocked to learn that some very basic drugs like painkillers were out of stock in the pharmacy this portrayed poor state of the treatment in this facility.

The committee was further informed that there were several inoperational dispensaries in this area including Katinga, Kasarani and Ithumbi.

COMMITTEE RECOMMENDATIONS

- i. The County Ministry on Health and Sanitation should deploy enough staff in this facility in order to improve service delivery to the people of Kanzui.
- ii. A fence should be constructed around the facility as a matter of urgency.
- iii. The County Ministry on Health and Sanitation should employ strategies to ensure regular supply and sufficient drugs to this facility.
- iv. The inoperational dispensaries in this area should be operationalized to bring services closer to the people.

- v. The County Ministry on L.I.H.U.D should ensure timely continuous repair of feeder roads to make Kanzui health facility accessible.

8. KAMULEWA DISPENSARY

Kamulewa dispensary in Mui ward was funded by the Kitui County government in the 2016/2017 FY. The contract was awarded to POMELO co. ltd. The value of the contract was ksh 1,900,000.00. The scope of the project included roofing since the walling had been done, fittings, plastering, and painting, installing ceilings and fitting internal cupboards.

The committee observed that the contractor had done the work in line with the BQs however the internal cupboards and wooden doors had been destroyed by white ants.

A further interrogation informed the committee that this contractor had not been paid the ksh 1.9 million for the work done.

The facility is currently running under one nurse who is overwhelmed by the work. The two casuals employed by the county government complained of delayed salaries. The committee was further informed that the facility received a fair supply of drugs which is not regular.

The committee observed that the facility was not connected to power supply hence storage of some drugs posed a big challenge.

The committee was informed that this being a new facility was faced with numerous challenges including lack of sanitary facilities, no fence erected and the compound required levelling as it was badly eroded leaving dangerous galleys.

COMMITTEE'S RECOMMENDATIONS

- i. The compound should be levelled urgently to avert the danger of the patients getting hurt in the galleys in the compound.
- ii. The facility urgently needs connection to electricity and water.
- iii. Pit latrines should be constructed as a matter of urgency for use by staff and patients.
- iv. The pharmacy should be fitted with shelves for proper storage of drugs.
- v. Having completed the work for the contract awarded this contractor should be paid his money without any further delays.

9. NUU HEALTH CENTRE

This facility has stalled maternity wing whose construction works began in the financial year 2016/2017. The contractor left site due to lack of payments. The building is in poor state as the floor has cracks, the timber used in roofing is of poor quality.

The facility needs an extra ward in order to separate women and children who currently are housed in the same building.

The facility lacks x-ray, theatre room and is in dire need of water tanks, walk ways and modern gate.

The facility also requires security lights, standby ambulance, perimeter wall, toilets and urinals.

The committee was informed that there was no management committee in line with the new ACT to run the affairs of the facility.

The facility generally lacks sufficient infrastructure considering that it serves large population.

The drainage system in the facility is poor thus proper measures should be taken to correct the mess.

COMMITTEE RECOMMENDATIONS

- i. The County Ministry on Health and Sanitation should address the structural needs of this facility as a matter of urgency.
- ii. An ambulance should be allocated to this facility for use in the event of emergency cases.
- iii. A new management board should be constituted in line with new ACT enacted by the first Assembly.
- iv. A perimeter wall should be constructed around this facility to make it secure.

10. ZOMBE HEALTH CENTER (LEVEL III)

This facility is in Zombe/ Mwitika Ward in Kitui East Sub County. It stands on a 2Ha. Piece of land which was purchased through a community initiative.

The facility mainly started as a Maternity but later started offering OPD services seeing an average of 40-60 patients daily, which are currently offered in the maternity block. The outpatient block is incomplete but in progress.

The committee was informed that the pharmacy department was enjoying constant supply of drugs from KEMSA.

This facility which was initially started as a maternity has relevant equipment and is operational despite several challenges which need to be addressed.

The challenges include:-

1. The kitchen, constructed in this facility, stalled and the contractor left the site due to lack of payments.

2. The maternity toilets are not in use due to lack of water in the block, the management requested for water connectivity from the 10 thousand litre tanks to the maternity building.
3. The facility lacks enough pit latrines for both staff and patients, the contract was awarded in February but the works has not started.
4. The management of the facility is requesting the County Government to purchase extra 8 acres in addition to 2 acres which was bought by the community for expansion.
5. Being the largest hospital in the area and its surroundings, the management is anticipating to start inpatient services in future and Kenya medical technical college.
6. The road leading to the facility is long and in bad state, the hospital management is requesting for grading and construction of culverts to the shortest route from the hospital to the market which is approximately 600 meters.
7. The facility is not connected to electricity, Gas-powered fridges are used to preserve drugs however, the committee was informed that payment on the same was done and awaiting connectivity.
8. The drainage and sewerage system in the facility was a pressing necessity especially with maternity services which required to be handled urgently.

COMMITTEE RECOMMENDATIONS

- i. The structural needs of this facility should be addressed as a matter of urgency to make it offer all services smoothly.
- ii. The County Ministry on Health and Sanitation should allocate funds to purchase enough land for this new facility.
- iii. A new management board in line with the new ACT enacted by the assembly should be constituted to help manage the affairs of this facility.

11. KANZIKU HEALTH CENTRE

Kanziku Health Centre is in Kanziku Ward in Kitui South sub county. This is the largest Health facility in the ward serving a population of approximately 25,000 population.

This health centre has several operational departments including Maternity, OPD, MCH, CCC, laboratory, and Pharmacy.

The committee found that the services in this facility were progressing well, the drugs were available despite the following challenges which need to be addressed:-

The Committee observed that the facility lacked enough working space such that all services were congested in four small rooms.

The committee noted that there was an abandoned maternity block which was constructed by the defunct County Council of Kitui but stalled due to lack of payments to the contractor whose debt was approximately ksh 1,800,000.00

The committee noted that the facility was not connected to power despite the fact that a power post was within the compound thus solar power is used to run the machines whose power is not sufficient.

This facility does not have standby ambulance to attend to emergency cases, hence depending on the one attached to Mutomo Health facility.

The management informed the committee that there is serious shortage of staff in the facility to the extent of seeking assistance from the casuals in dispensing of drugs.

The facility staff quarters had been occupied by officers from the administrative police unit thus the nurses reside outside the premises of the hospital hence, making it difficult to attend to emergency cases at night.

COMMITTEE RECOMMENDATIONS

- i. Proper expansions should be done to provide enough working space for quality services delivery.
- ii. Enough funds should be allocated by the county ministry on health and sanitation to complete the stalled maternity to avoid wastage of public funds.
- iii. Electricity connection should be fast tracked to this facility for quality service delivery.
- iv. The staff quarters should be reverted back to the hospital staff in order to serve the facility effectively including night calls.
- v. The county ministry should move with speed to address the staffing needs of this facility.

12. IKUTHA LEVEL IV HOSPITAL

Ikutha hospital is located in Ikutha ward in Kitui South Constituency. The facility serves a population of approximately 30-40 million persons including kanziko and Athi wards. The facility was constructed by the County Government of Kitui in the financial year 2016/2017. Currently it offers outpatient, inpatient and maternal services. Since its inception the facility has achieved the following milestones:-

- i. Increased community utilization of the facility and uptake of K-CHIC insurance policy to be able to access quality health services at the facility.
- ii. Increased staffing levels at the facility that has enabled opening of new departments e.g. orthopedic department, occupational and physiotherapy departments.

- iii. The facility recently installed its Digital X-ray machine which was donated by the Belgian government and is now performing X- rays.
- iv. Introduction of a Medical Outpatient Clinic (MOPC) that is leading to better management of patients with chronic conditions such as Hypertension and Diabetes.
- v. Increased numbers of mothers attending antenatal clinic as well as mothers delivering at the facility.
- vi. Pharmacy services now available until 8pm in the evening.
- vii. The facility began collecting revenue on 1st September 2018 as per regulations in the finance bill.
- viii. Improved laboratory services with the facility performing a wide range of tests such as full Haemogram, Urea and electrolytes, liver function tests, blood sugar monitoring.

CHALLENGES FACED IN IKUTHA LEVEL IV HOSPITAL

- I. Lack of a proper drainage system to enable proper utilization of the new blocks in the facility.
- II. With the increased numbers of patients, more hospital beds will be required to meet the rising demand.
- III. Lack of patient walkways connecting the various buildings and inadequate staff housing.
- IV. Delayed reimbursements from the Linda Mama program by the County Treasury for services provided to mothers.
- V. The facility also requires equipping of the Kitchen and Laundry departments to enable full operationalization of the departments.
- VI. The facility lacks adequate number of personnel to adequately man the hospital 24hrs a day 7 days a week.
- VII. Being the Sub County Headquarters, the facility lacks a pharmacy storage unit to store pharmaceutical supplies for the entire sub county.
- VIII. A utility vehicle is required in this facility to enable the hospital carryout administrative duties and conduct outreach programs.
- IX. The county ministry on health and sanitation should allocate sufficient funds to address the structural needs of this facility given that it is a new facility.
- X. The staffing needs should be addressed to match the facility's departmental needs.
- XI. Timely disbursement of funds from both the LINDA MAMA and the K-CHIC reimbursements should be done to avoid a financial crisis which will affect service delivery.

- XII. This facility being situated along the Kibwezi-Kitui high way requires a trauma centre to treat accident cases and consequently the need of a blood bank.
- XIII. In order to ensure effective service delivery in this facility, a fully equipped laboratory should be constructed as a matter of urgency.

13.MUTOMO LEVEL IV HOSPITAL

Mutomo level IV hospital is situated in Kawelu village in Mutomo/Kibwea ward in Kitui South Constituency. The facility was constructed by the County Government of Kitui in the financial year 2016/2017. Currently it offers outpatient and maternal services.

The OPD block is only 10% complete at the foundation level thus the outpatient services are offered in the maternity block.

The management of the facility is therefore requesting for completion of the outpatient block in order to minimize congestion in the maternity.

This being new premises, it lacks some very basic structures including pit latrines which require urgent intervention. The health facility has no piped water hence it relies on commercial boozers for water supply.

The pharmacy department enjoys a relatively fair supply of drugs from KEMSA, and once in a while supplemented with drugs bought with the county allocation to the health facility.

The facility requires urgent address by the County Ministry on Health and Sanitation in respect to structural needs and equipment.

The health records department is served by one officer, there is no administrator to this facility, no secretary, and no cashier.

The health facility lacks proper drainage system hence disposing off waste is a challenge.

The facility faces challenge of power supply as it is connected to phase one line dropped from the mortuary thus being insufficient to run the heavy equipment.

This facility has no walk ways to enable nurses to attend patients effectively mostly during the sunny and rainy seasons.

There is no policy in place guiding the operations of the ambulances considering that the entire Kitui south region depends on one ambulance which is also prone to frequent mechanical breakdowns.

The facility has no management board in place in line with the new ACT passed by the first Assembly.

The facility is in dire need of motorbikes to assist the public health officers in monitoring and evaluation of Health Centres and Dispensaries within this region.

The K-CHIC program is running smoothly despite the fact that the facility has never been reimbursed the amount spend due the extra workload related to use of the K-CHIC card.

The committee observed that a hospital gate was required along with a perimeter wall to keep the premises safe given that the hospital is next to the newly tarmacked kibwezi-Kitui road.

Adequate staff houses should be constructed for convenience while attending night calls by the staff.

COMMITTEE RECOMMENDATIONS

- i. The county ministry on health and sanitation should move with speed to address the staffing and the structural needs of this new facility to meet its needs.
- ii. Proper steps should be employed by the K-CHIC team to ensure timely reimbursements of monies to this facility to avoid a financial crisis.
- iii. The administration should move with speed to constitute a management board in line with new ACT passed by the assembly.
- iv. Electricity and water connection should be addressed as a matter of urgency.

14.MBITINI HEALTH CENTER (LEVEL III)

Mbitini Health Centre started as a dispensary in the year 1968 in Mbitini Ward, Kitui Rural Constituency. The facility serves an average population of 11,643 -11865 persons.

This health facility has several operational departments including Maternity, OPD, MCH, CCC, laboratory, and Pharmacy.

The Committee was informed that these departments were operating at their optimum level despite the following notable challenges.

The facility has a complete maternity block which was constructed in the financial year 2016/2017 but it's not equipped.

Most departments are faced with staff shortage

There are no staff houses in the facility hence making it hard for staff to attend night duty calls.

The facility has no constant water supply.

The facility has no ambulance for referral cases hence making it difficult for these services.

COMMITTEE RECOMMENDATIONS

- I. The new maternity should be equipped and operationalized.
- II. Staff houses should be constructed in the compound for effective services including night calls.
- III. The staffing needs should be addressed as a matter of urgency.
- IV. Plastic water storage tanks should be installed to harvest rain water from the new maternity to solve the problem of water shortage.

15.KISASI HEALTH CENTRE

Kisasi being a level III facility has several functional departments including the OPD, laboratory, pharmacy and MCH

As a result of the fast growing population in this area and given that the facility is along the up-coming high-way there is need for upgrading the facility to offer inpatient services.

Rehabilitation of dilapidated staff quarters should be addressed urgently to enable staff to reside within the facility for effective services including night calls.

The committee was informed that there was need for the facility to be upgraded to level four since it's adjacent to the upcoming Kibwezi-Mutomo-Kitui Road considering it has sufficient land for expansion.

The facility also lack stand by ambulance to attend to emergency cases, they depend on the one stationed at kitui level four hospital.

COMMITTEE RECOMMENDATIONS

- I. The structural needs to prepare this facility to offer in-patient services should be addressed as a matter of urgency.
- II. The staffing needs should be addressed to match those of a level IV hospital as the facility is upgraded to this status.
- III. Staff houses should be constructed in the facility in readiness for 24/7 service delivery.
- IV. The facility being next to an up-coming high way, requires a stand-by ambulance for emergency cases.

CHAPTER FOUR

5.0 GENERAL OBSERVATIONS

The Committee having been able to visit various health facilities across the County made the following general observations;

- i. There are serious staffing challenges faced by different health facilities in the County which hinder quality, and optimal service delivery across the County.
- ii. Many health facilities are faced with inadequate and/or no structures suitable for proper service delivery across the County.
- iii. The County has invested substantial amounts of monies to put up new structures in various health facilities across the county, however the majority of these structures are not in use due to incompleteness, and/or lack of basic features for suitable use due to poor workmanship.
- iv. In some cases, the contractors did the work awarded without close consultation with the facility administration which led to poor quality of work and consequently rendering the projects unsuitable for use.
- v. The offices of public health and public works are not empowered to offer professional supervisory role on the works done in many facilities. As a result, these works fall short of the required specific ideal standards for special structures such as theatre rooms, and maternity rooms.
- vi. In rare cases, some incomplete projects were approved for full payments indicating possible collusion between the concerned officials and the contractors.
- vii. Some complete projects were yet to be handed over to the facility administrations hence remaining idle though completed.
- viii. In some health facilities, projects were not awarded based on the facility's priority of needs.
- ix. The issue of ambulances was a big mess ranging from misuse by the users, breakages taking too long to address, the security of the ambulances (some were stolen from the facilities compound) without due diligence being employed.
- x. In all the facilities, the new Health Facilities Management Act passed was yet to be implemented hence denying the facilities the benefits of this new Act.
- xi. The County allocation given to many of the health facilities was based on their earlier status, and not the current one therefore, the allocations are not in tandem with the current financial needs of the facilities.
- xii. The drug supplies from KEMSA are fairly regular and consistent, however proper arrangements need to be put in place to address the issue of reagents used in labs which were left to be procured by the facilities.

- xiii. The K-CHIC program has kicked off in all the level IV hospital across the county and services are absolutely free for all patients using the K-CHIC card however, it is worth noting that none of the hospitals has received their reimbursement claims since the inception of this program.

CHAPTER FIVE

6.0 COMMITTEE'S GENERAL RECOMMENDATIONS

The committee hereby recommends that:-

- i. The County Ministry on Health and Sanitation should address the staffing needs in various facilities through urgent staffing.
- ii. The structural needs of different facilities should be addressed in order to optimize the service delivery in these facilities.
- iii. There should be proper consultation before awarding of projects and during project implementation to ensure facility needs are addressed in order of priority and high quality of works.
- iv. Before payments are made to contractors proper consultation and approvals should be sought to ensure payments are made to those who deserve.
- v. Clear policies and guidelines should be provided to govern the use of ambulances across the county.
- vi. The new Health Facilities Management Act enacted should be implemented immediately to boost the management level in all facilities.
- vii. The County Ministry on Health and Sanitation should fast track handing over of all complete projects for immediate use.
- viii. Efforts to ensure prompt supply of drugs and have buffer stocks to ensure smooth supply should be employed at the county headquarters.
- ix. The County Ministry on Health and Sanitation should revise its revenue allocations to all health facilities to match the current status and needs.
- x. Projects should be constructed under the professional supervision of the offices of public health and public works to ensure that all structures meet the specific ideal standards of special structures such as theatre rooms and maternity.
- xi. Timely disbursement of funds and reimbursements of monies on costs incurred as a result extra workload from the K-CHIC program should be streamlined to avert a looming financial crisis in the level four hospitals across the county.

CHAPTER SIX

7.0 CONCLUSION

Mr. Speaker, health is the integral point of wealth creation, a healthy nation is a wealthy nation. It is the opinion of the committee that the health sector should be given a lot of attention in order to achieve quality and affordable health services for all. Having been able to visit several health facilities across the county, the committee observes that the level of service delivery is wanting due to the prevailing challenges ranging from understaffing, insufficient structures, irregular drug supplies, delayed funds disbursement and reimbursements of K-CHIC monies to level IV hospitals. The Committee observes that proper mitigation measures should be employed in order to realise a quality health sector in our county. The committee intends to continue playing its oversight role as per the provisions of Article 185 (3) of the Constitution and engaging all stakeholders in order to achieve its intentions, objectives and execute its mandate as provided for in Standing Orders number 190 (5)

ANNEX 2 PHOTO GALLERY ON FACILITIES VISITED



Honourable members inspecting Nthangani dispensary in Tharaka ward





Claim forms for the K-CHIC program at Tseikuru level IV hospital



A visit at the Kisasi level III health facility



Honourable members inspecting a maternity ward in Mbitini health centre



A visit to Mutomo level IV Hospital



Honourable members inspect an up-coming maternity ward in Nuu level III health facility