

REPUBLIC OF KENYA



COUNTY GOVERNMENT OF KITUI

THE COUNTY ASSEMBLY

SECOND ASSEMBLY – (FOURTH SESSION)-2020

**COMMITTEE ON HEALTH AND SANITATION
REPORT ON THE
BENCHMARKING EXERCISE TO MACHAKOS AND NAIROBI
COUNTIES ON BEST CANCER TREATMENT OUTCOMES**

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

JANUARY , 2020

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ABREVIATIONS AND ACRONYMS

CBD	Central Business District
CECM	County Executive Committee Member
CHMT	County Health Management Team
CT scan	Computed Tomography Scan
FNA	Fine Needle Aspiration
GDP	Gross Domestic Product
GDP	Gross Domestic Product
HDU	High Dependency Unit
HMIS	Health Management Information System
ICU	Intensive Care Unit
KEMRI	Kenya Medical Research Institute
KENCO	Kenya Network of Cancer organization
KNH	Kenyatta National Hospital
MLKH	Mama Lucy Kibaki Hospital
MRI	Magnetic Resource Imaging
KEMSA	Kenya Medical Supplies Agency
NCC	Nairobi City County
NCD	Non-Communicable Disease
NGO	Non-Governmental Organization
NHIF	National Hospital Insurance Fund
PSA	Prostate Specific Antigen
SC	Sub County
UHC	Universal Health Care
UN	United Nations
UoN	University of Nairobi
USA	United States America
WHO	World Health Organization

1.0 PREFACE

1.1 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.

1.2 Committee's Membership

Mr. Speaker Sir,

As currently constituted, the Committee on Health and Sanitation comprises of the following members:

- | | |
|--------------------------------------|------------------|
| 1) Hon. Anthony Ndoo Mwanzia | Chairperson |
| 2) Hon. Nicholas N. Mwalali | 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. Philip M. Nguli | 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

1.3 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,

First, I wish to thank the CECM for Health and Emergency services Machakos County Dr. Ancent Kituku and his staff for their special warm welcome, hospitality and kindness during the benchmarking exercise. Secondly, I wish to express my gratitude to the CECM for Health services, Nairobi County Dr. Vesca Kagogo and her staff for their generosity with ideas which enabled the Committee to learn a lot from their healthcare services.

I also express profound gratitude to the Members of the Committee and secretariat for their 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 fulfillment of its oversight mandate.

Thank You,

SIGNED 

HON. PHILIP NGULI
CHAIRPERSON, COMMITTEE ON HEALTH AND SANITATION.

DATE..... 17/03/2020

Report compiled by Onesmus M. Mwang'a -Clerk Assistant

2.0 OVERVIEW OF MACHAKOS COUNTY

Machakos County had a population of 1,421,932 as of 2019 population and Housing Census. The County borders Nairobi and Kiambu Counties to the West, Embu to the North, Kitui to the East, Makueni to the South, Kajiado to the South West, and Murang'a and Kirinyaga to the North West.

Economically, Subsistence agriculture is mostly practiced with maize and drought-resistant crops such as sorghum and millet being grown due to the area's semi-arid climatic conditions. The County also plays host to the open air market concept with major market days where large amounts of produce are traded. Fruits, vegetables and other food stuffs like maize and beans are sold in these markets.

The County has been selected as the home to the upcoming Konza Technology City due to its proximity to Nairobi, good infrastructure and availability of massive chunks of land. Machakos County which is Nairobi's Eastern neighbor, is home to important industrial and residential centers like Athi River and Mlolongo. Sadly, the developments do not extend to most parts of the huge county, but that is about to change when a planned technology city development is finalized. Some of the strengths in the County are:

- Closeness to Nairobi County which is the Capital City of the Country
- Availability of massive Arable Land
- Strong Gender Supporting NGOs
- Well-endowed with natural capital including livestock, minerals, wild game, tourists attraction sites, rangeland and space
- A resilient local community with developed mechanism of survival

2.1 GENERAL OVERVIEW OF HEALTH SECTOR IN MACHAKOS COUNTY

Healthcare is administered under the Ministry of Health and Emergency Services which is headed by Dr. Ancent Kituku. Under the Minister there are two Chief Officers.

Administration of healthcare is guided by the provisions of the Constitution Article 43 (1) (a) which gives rights to all citizens to access the highest attainable standards of health services including reproductive and healthcare.

The Governor's manifesto "providing quality, accessible, affordable and efficient healthcare to all, forms the basis of provision of the health care services. Further,

Machakos County Ministry of Health and Emergency services has aligned its functions to the WHO 6 components of health systems which include:

- ✓ Leadership and governance
- ✓ Service delivery
- ✓ Health workforce
- ✓ Health information systems
- ✓ Access to essential medicines and
- ✓ Financing

Services are offered in a total of 317 health facilities spread across the 40 wards in the County. Out of these facilities there is 1 level V hospital, 10 level IV hospitals, 40 health centres, 121 dispensaries, 20 faith based health facilities, 125 private facilities and 253 community units.

In the emergency department, the ministry has acquired several equipment including 74 ambulances, 10 motorcycle ambulances, 7 fire engines, 1 mobile clinic, 5 ATLS ambulances and 62 triage kits.

Machakos level V hospital is a referral facility for both Kitui and Makueni counties with functional renal unit, HDU, ICU, MRI. CT scan and a Cancer Treatment Center.

2.3 CANCER TREATMENT AND MANAGEMENT IN MACHAKOS COUNTY

Machakos County acknowledges that cancer pandemic has been on the rise throughout the Country and as a result it is the third cause of morbidity and mortality. Prevention approach has been emphasized in tackling the cancer pandemic as opposed to treatment approach noting that cancer treatment is extremely expensive.

The most common types of cancers in Machakos County are cervical cancer, prostate cancer, esophageal cancer, stomach cancer, colon cancer, leukemia, lymphoma, ovarian cancer and liver cancer among others. Machakos County has come up with a comprehensive cancer prevention, treatment and management program which includes:

2.3.1 Health education and promotion on cancer prevention

This is mainly done through:

Talk shows in vernacular FM radio stations and TV to educate the population on what cancer is and how to prevent it. Information on cancer prevention is also transmitted through outreach services in the forty wards using the beyond zero truck to sensitize the population on cancer.

Regular vaccination against cancer causing virus e.g. Human Papilloma Virus and Hepatitis B virus is done to prevent cervical cancer to all girls aged 10 years.

2.3.2 Cancer screening to pick precancerous lesions

This is done in all levels of care where women are trained on self-breast examination to detect any cancerous symptoms for early diagnosis and treatment.

Scientific tests which are carried out in the cancer research center include:

- i. Via villi, and Pap smear for cervical cancer
- ii. Mammography and FNA procedure for breast cancer
- iii. Digital rectal examination and PSA for prostate cancer
- iv. Fluid cytology for lung and bladder cancer
- v. FNA for solid body masses
- vi. Full hemogram and peripheral blood films for blood cancer
- vii. Endoscopy for esophageal , colon and stomach cancer
- viii.

2.3.3 Early cancer diagnostic services offered in the cancer center

The Machakos level IV Cancer center offers a wide range of cancer diagnostic services including:

- i. Cytopathology
- ii. Histopathology
- iii. Molecular tests
- iv. Tumor makers
- v. Radiology and imaging

2.3.4 Cancer treatment services offered in Machakos Cancer Center

Upon successful diagnosis, cancer patients are taken through the right treatment options available in the Cancer Center which include:

- i. Surgical oncology
- ii. Chemotherapy
- iii. Cryotherapy
- iv. Nutritional support
- v. Transfusion medicine

Radiotherapy services are yet to be offered as requisite equipment is yet to be installed.

2.3.5 Palliative care services offered in Machakos cancer center

In cases where patients are diagnosed with cancer in the late stages, palliative care services are available to give the patients a decent life prepare them for the ultimate end of their life as a result of the their terminal illnesses. Some of the palliative services include:

- i. Pain management
- ii. Blood transfusion
- iii. Nutritional support
- iv. Counselling
- v. Hospice care
- vi.

2.3.5 Cancer research in Machakos Cancer Center

Machakos Cancer Center has established a registry center in the effort of compiling data on cancer to enable informed decision making. There has been collaboration with international research organizations to share experiences and information on cancer.

3.0 OVERVIEW OF NAIROBI COUNTY

Nairobi County is one of the 47 counties of Kenya. Being the third smallest yet the most populous of the counties, it is coterminous with the city of Nairobi, which is also the capital and largest city of Kenya.

Nairobi County was founded in 2013 on the same boundaries as Nairobi Province after Kenya's 8 provinces were subdivided into 47 counties following the enactment of the 2010 constitution.

The Central Business District (CBD) had a population of 4,397,073 in the 2019 census, while the metropolitan area has a population of 9,354,580, it is popularly referred to as the "Green City in the Sun".

Nairobi is the home to thousands of Kenyan businesses and over 100 major international companies and organizations, including the United Nations Environment Programme (UN Environment) and the United Nations Office at Nairobi (UNON), Nairobi is an established hub for business and diverse culture.

3.1 SOCIO-ECONOMIC ACTIVITIES IN NAIROBI COUNTY

Nairobi County is the main commercial center of Kenya. It is a cosmopolitan and has a well-developed infrastructure, including modern financial and communication systems. Nairobi hosts the Country's largest industrial center which accounts for 20% of the Gross Domestic Product (GDP) this includes the thriving informal sector (Jua Kali) in Nairobi which provides employment to both the skilled and unskilled workforce.

The socio-economic profile of NCC comprises of high, middle and low income earners with an estimated 56% of its population living in slums. There are approximately 54,000 refugees and asylum seekers residing in NCC.

The urbanized environment in Nairobi predisposes its inhabitants to NCD risk factors such as adoption of unhealthy lifestyles, low physical activity, tobacco use, harmful use of alcohol, accidents and injuries, air pollution from motor vehicles and manufacturing industry.

3.2 GENERAL OVERVIEW OF THE HEALTH CARE IN NAIROBI CITY COUNTY

Nairobi County has over 500 health facilities with 121 functional community units serving the population. There are 106 public health facilities, 134 faith based organizations and nongovernmental (FBO/NGO), and 429 private facilities.

The burden of communicable diseases in the County especially HIV/AIDS, STIs, and tuberculosis (TB) is high. HIV/AIDS infection is the main contributor to morbidity and mortality in the County with HIV/AIDS prevalence in Nairobi County being at 6.1 for male and 7.6 for female compared to the national rate of 6% (2014 estimates). The top five causes of morbidity in the county are respiratory diseases, diarrheal diseases, diseases of the skin, malaria, and pneumonia. The major risk factors are congested and poorly ventilated houses as well as poor environmental sanitation.

NCDs especially diabetes, hypertension, and cancer are emerging public health concerns. Mental health disorders, violence, injuries and sexual and gender based violence are also becoming priority health concerns. As a result NCC has attracted several stakeholders/partners with an interest in supporting health related interventions.

The County has a health policy (2016-2025) and County health strategic and investment plan (2013-2018) to give strategic direction.

3.3 CANCER TREATMENT IN NAIROBI COUNTY

Cancer treatment and management in Nairobi County is aligned to the following National Policies:

- ✓ *Kenya cancer prevention and control strategy*
- ✓ *National guidelines for tobacco dependence treatment cessation*
- ✓ *Guidelines for establishment of cancer management centers in Kenya*
- ✓ *National cancer screening guidelines, national guidelines for cancer management.*
- ✓ *CHVs NCDs Module 13 unit 3 on cancer*
- ✓

3.4 COUNTY HEALTH POLIICIIES

Nairobi County has enacted the following policies to guide on health care provision:

- ✓ *Nairobi County Health Sector Strategic and Investment Plan 2013/2014-2018/19*
- ✓ *NCDs Costed Implementation Plan 2018/19-2020/21*
- ✓ Several cabinet Memos

The County Ministry for Heath appreciates the fact that cancer is the 3rd leading cause of death after infectious and cardiovascular diseases. Cancer accounts for 7% of national deaths with 80% detected at an advanced stage. The leading cause of cancer death is the esophageal cancer contributing 13.2% (4,351 deaths) of cancer mortality. Cervical cancer is the second leading cause of cancer deaths contributing 10% (3,266 deaths) while breast cancer comes third at 7.7% (2553 deaths) – (GLOBCAN 2018).

Cancer treatment services are offered in more than 100 health facilities across the county.

A County Cancer stewardship taskforce has been formed headed by a Director with 11 members of the CHMT whose responsibilities include:

- i. Establish status of cancer screening and treatment equipment
- ii. Assess service delivery in relation to cancer prevention, treatment and management
- iii. Link with SC and hospitals to establish cancer centers
- iv. Develop a HMIS in relation to cancer with a view of developing a database. So far the following documents have been developed in support of cancer HMIS:
 - ✓ Treatment forms
 - ✓ Registers
 - ✓ Referral forms
 - ✓ Follow up card
 - ✓ Monthly summary forms
 - ✓ Palliative care summary forms
 - ✓ Proposed cancer registry at MLKH

3.6 COLLABORATION /PARTNERSHIP

Nairobi County is alive to the fact that cancer prevention, treatment and management is quite expensive and the fight cannot be won without collaborating with other partners. It is in this understanding that the following partners have been brought on board in the effort to fight the war on cancer:

- ✓ Civil organizations e.g. KEHPCA, KENCO, KENCASA, Beth Mugo Cancer Foundation, Fadhili Cancer, LVCT, Cure Cervical Cancer USA.
- ✓ Private institutions e.g. FHOK, NBI West hospital,

- ✓ Public e.g. KNH, Beyond Zero, NHIF
- ✓ Media – TV channels, radio stations, and social media platforms
- ✓ Research institutions e.g. KEMRI, UoN, APHRC

3.7 CANCER TREATMENT IN MAKADARA HEALTH CENTER

Mr. Speaker,

The Committee had an opportunity to visit Makadara health center and was able to establish that a wide range of cancer treatment services are offered in this facility which include:

- ✓ Cancer screening to pick precancerous lesions which are curable
- ✓ Public sensitization on early cancer signs and symptoms
- ✓ Training for women to do self-test on breast cancer
- ✓ Via villi and Pap smear for cervical cancer

3.8 CANCER TREATMENT IN MAMA LUCY KIBAKI HOSPITAL

Mr. Speaker,

The Committee visited Mama Lucy Kibaki Hospital, a level IV hospital, located in Komarock ward in Embakasi West Constituency. The hospital was constructed as a donation from the republic of China and was officially opened on 5th August, 2011. This hospital has a bed capacity of 130, 14 cots and 9 incubators. The hospital serves a population of approximately 218,136 persons and acts as the primary referral facility serving the Eastland part of Nairobi.

The Hospital acts as cancer registry center for Nairobi County where a total of 1266 persons have been screened for cancer in this facility out of which 38 cases have proven suspicious and 1 person tested positive. In this Hospital a wide range of cancer treatment services are offered including:

3.8.1 Health education and promotion on cancer prevention

This is mainly done through:

Talk shows in vernacular FM radio stations and TV to educate the population on what cancer is and how to prevent it. Information on cancer prevention is also transmitted through outreach services in the forty wards using the beyond zero truck to sensitize the population on cancer.

Regular vaccination against cancer causing virus e.g. human papilloma virus and Hepatitis B virus is done to prevent cancer.

3.8.2 Cancer screening to pick precancerous lesions

This is done in all levels of care where women are trained on self-breast examination to detect any cancerous symptoms for early diagnosis and treatment.

Scientific testing carried out in the cancer research center include:

- ✓ Via villi, and Pap smear for cervical cancer
- ✓ Mammography and FNA procedure for breast cancer
- ✓ Digital rectal examination and PSA for prostate cancer
- ✓ Fluid cytology for lung and bladder cancer
- ✓ FNA for solid body masses
- ✓ Full hemogram and peripheral blood films for blood cancer
- ✓ Endoscopy for esophageal, colon and stomach cancer

3.8.3 Diagnostic services offered in the MLKH cancer center

The MLKH Cancer center offers a wide range of cancer diagnostic services including:

Cytopathology, Histopathology, Molecular tests, Tumor markers Radiology imaging and Mammography

3.8.4 Treatment services offered in MLKH cancer center

Upon successful diagnosis, cancer patients are taken through the right treatment options available in the cancer center which include:

Surgical oncology, Chemotherapy, Cryotherapy

Radiotherapy services are yet to be offered as requisite equipment is yet to be installed.

3.8.5 Palliative care services offered in MLKH cancer center

In cases where patients are diagnosed with cancer in the late stages, palliative care services are available to give the patients a decent life and prepare them for the ultimate end of their life as a result of their terminal illness. Some of the palliative services include:

Pain management, Blood transfusion, Nutritional support, Counselling and Hospice care.

In MLKH, patients receiving palliative care are as follows:

Breast cancer-10, Cervical cancer-39, Esophageal cancer-4, Prostate cancer-4, GTI cancer -12 and Kaposi sarcoma-1

3.8.6 Cancer registry cancer center in MLKH

MLKH cancer center has established a registry center in the effort of compiling data on cancer to enable informed decision making (HMIS). There has been collaboration with international research organizations and institutions to share experiences and information on cancer.

4.0 LESSONS LEARNT FROM MACHAKOS AND NAIROBI HEALTHCARE AND CANCER TREATMENT

1. STRUCTURING OF THE COUNTY MINISTRIES

The ministry of Health and emergency services in Machakos County is structured in a manner that it has several directorates which respond to the various community healthcare needs. Individual directorates are able to tackle specific health related demands within a smaller segments of the overall health sector.

2. OPERATIONALIIZATION OF PRIMARY CARE FACILITIES

Primary health is paramount for any County which desires to offer quality healthcare to its population. Machakos and Nairobi Counties have ensured quality healthcare at the primary level which is offered in the dispensaries, health centres and community health units.

To ensure success in the primary healthcare, all primary care facilities have been staffed, equipped with drugs and all health centers have functional lab services.

3. FULLY TRAINED CHVs

Community health volunteers have been recruited and given proper capacity building in partnership with other stakeholders including development partners. The Community Health Volunteers help to disseminate health information and educate people at the community level on healthy living ways.

4. THE UHC PILOT PROGRAMS

The UHC pilot program by the National Government has been successfully implemented in Machakos County where funding of healthcare has been boosted and drug supplies from KEMSA supplied to the health facilities. This has made it easy for the people to access quality healthcare in all health facilities including the level 5 hospital.

5. THE PREVENTIVE APPROACH

Machakos and Nairobi Counties have embraced the preventive approach rather than treatment approach while dealing with cancer where the masses are being mobilized and encouraged to show up for screening and vaccination. This has been done through road shows, talk shows on FM radio stations and TV channels.

6. CORDIAL WORKING RELATIONS

There has been cordial working relation between the Executive arm and the County Assembly in passing legislations on provision of quality healthcare to the people of Machakos. This has minimized conflict and increased the level of trust between the two arms of the County Government.

7. COLLABORATION WITH DEVELOPMENT PARTNERS

Machakos and Nairobi County Governments have embraced working with other development partners in funding healthcare, training of health personnel and research in the health sector. This has boosted the county's coffers and capacity to sustain a high quality level of services in the health sector.

5.0 CHALLENGES FACING KITUI COUNTY ON FIGHT AGAINST CANCER

Mr. Speaker,

The fight against cancer in Kitui County is currently faced by the following challenges:

1. The County Ministry on Health and Sanitation has no proper policy framework to guide on the screening, treatment and management of cancer.
2. There is a serious shortage of trained personnel in the health facilities to offer services on Cancer treatment and management.
3. There is very little information available to the masses on existence and need for early screening for cancer.
4. Negative religious beliefs and myths on the cancer vaccine to young girls that it leads to infertility.
5. There is no data base on cancer and no research information on the same.
6. There has been no budgetary allocation to finance screening, treatment and management of cancer by the line ministry.

6.0 COMMITTEE'S RECOMMENDATIONS

Mr. Speaker,

The Committee recommends the following: That,

1. A task force on cancer should be formed in the County Ministry of Health and Sanitation to spearhead the fight on cancer.
2. Proper legislation should be developed to guide and regulate the treatment and management of cancer in Kitui County.
3. The County Ministry on Health and Sanitation should start programs geared towards educating on cancer disease through the local radio stations and organize roadshows to sensitize the masses on the need for early screening for cancer.
4. Primary health facilities should be enabled to carry out basic screening services on cancer to avoid late stage diagnosis of cancer which is otherwise very difficult and expensive to treat.
5. The County Ministry of Health and Sanitation should move with speed to establish cancer treatment centers across the county in the 14 level hospitals to offer basic treatment services and establish full cancer treatment center in KCRH to offer all services including chemotherapy and radiotherapy.
6. Kitui County should collaborate with other partners including research institutions to help in financing and sharing information on cancer and treatment.
7. A cancer research and registry center should be established at the KCRH to help build up information on cancer and create a data base.
8. Enough specialist should be trained to offer services in the health facilities across the County.
9. Robust screening programs through medical camps should be organized in partnership with interested partners across the county to help reaching out to as many people as possible.
10. Palliative care services should be availed in all level IV hospitals to offer care to patients with late stage cancer.
11. Sufficient budgetary allocation for cancer screening, treatment and management should be factored in subsequent annual budget estimates.
12. All young girls at the age of 10 years should be vaccinated against cervical cancer a service which is offered for free by the National Government. This should be done in collaboration with the ministry of education.
13. All women should be sensitized on self-breast cancer assessment to reduce the risk of late breast cancer diagnosis.

7.0 CONCLUSION

Kenya is experiencing an epidemiological transition in its disease burden from infectious diseases to NCDs, resulting in the double burden of disease. NCDs are a major public health concern with significant social and economic implications in terms of health care needs, lost productivity and premature deaths. NCDs contribute to over 50% of inpatient admissions and account for more than 55% of all hospital deaths. This leads to substantial financial burden, pushing individuals, households and communities to poverty as well as negatively impacting on the economic progress of the nations. County Governments play a major role in addressing disease burden as health care is one of the devolved functions as per the 2010 Constitution. It is the belief of this Committee that the dream to achieve quality and affordable health care in Kitui County will be achieved once the recommendations of this report are implemented.

ANNEX 1

REPORT ADOPTION BY MEMBERS

We the Members of the Committee on Health and Sanitation do append our signatures to authenticate and adopt the Report on the Benchmarking Exercise to Machakos and Nairobi Counties on Best Cancer Treatment Outcomes.

1) Hon. Philip M. Nguli	Chairperson <u></u>
2) Hon. Nicholas N. Mwalali	Vice chairperson <u>_____</u>
3) Hon. Geoffrey Muli Mwalimu	Member <u></u>
4) Hon. Elizabeth Ndunge Peter	Member <u></u>
5) Hon. Regina Mueni Ishmail Musyoki	Member <u></u>
6) Hon. Grace Mwikali Sammy	Member <u>_____</u>
7) Anthony N. Mwanzia	Member <u></u>
8) Hon. Eliud Muteti Nding'uri	Member <u>_____</u>
9) Hon. Josphine Kavivi Mutie	Member <u></u>
10) Hon. Charles Muthui Maema	Member <u></u>
11) Hon. Mary Kanini Philip	Member <u>Mary K. Philip</u>

ANNEX 2 PHOTO GALLERY





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