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OFFICE OF THE CLERK

INTERNAL MEMO

TO: Clerk of the Assembly  
THRO: In-Charge L.P & P  
FROM: Clerk Serving - Committee on Health and Sanitation  
REF: CAK/9/7/VOL III (60)  
DATE: 1<sup>ST</sup> OCTOBER, 2020

*forwarded I/C L.P & P  
Kiema  
2/11*

*2020*

**SUBJECT: REPORT BY THE COMMITTEE ON HEALTH AND SANITATION ON THE STATUS OF HEALTH CARE IN KITUI COUNTY**

The above subject matter refers;  
Forwarded herewith, please find the Report by the Committee on Health and Sanitation on the Status of Health Care in Kitui County.  
Kindly facilitate its approval for tabling.

*[Handwritten signature]*

**ONESMUS MUTUA MBWANG'A  
SECOND CLERK ASSISTANT  
COUNTY ASSEMBLY OF KITUI**

*Approved  
[Signature]*

*3/10/20*

*2020*



**REPUBLIC OF KENYA**



**COUNTY GOVERNMENT OF KITUI**

**THE COUNTY ASSEMBLY**

**SECOND ASSEMBLY – (FOURTH SESSION)-2020**

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**COMMITTEE ON HEALTH AND SANITATION  
REPORT ON THE  
STATUS OF HEALTH CARE IN KITUI COUNTY**

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

**SEPTEMBER, 2020**

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## **ABBREVIATIONS AND ACRONYMS**

<b>CECM</b>	County Executive Committee Member
<b>CMMB</b>	Catholic Mission Medical Board
<b>CT scan</b>	Computed Tomography Scan
<b>CRF</b>	County Revenue Fund
<b>C.O</b>	Chief Officer
<b>EACC</b>	Ethics and Anti-Corruption Commission
<b>FIF</b>	Facility Improvement Fund
<b>HDU</b>	High Dependency Unit
<b>HMIS</b>	Health Management Information System
<b>KEMSA</b>	Kenya Medical Supplies Agency
<b>KCHIC</b>	Kitui County Health Insurance Cover
<b>KCRH</b>	Kitui County Referral Hospital
<b>KIMWASCO</b>	Kitui/Mwingi Water and Sewerage Company
<b>NCD</b>	Non-Communicable Disease
<b>NGO</b>	Non-Governmental Organization
<b>NHIF</b>	National Hospital Insurance Fund
<b>PPE</b>	personal Protective Equipment
<b>WHO</b>	World Health Organization

## **1.0 PREFACE**

Mr. Speaker,

It is my pleasure to present to this House the Committee's enriched report on the status of health care in Kitui County. This report was born as result of the resolutions of the House during the afternoon Sitting of the 5th July, 2020 where the committee was directed to enrich her benchmarking report on cancer treatment in Machakos and Nairobi counties.

## **1.1 COMMITTEE PROCEEDINGS**

Mr. Speaker,

The committee held her preliminary physical meeting on the 6th July, 2020 to draw work plan which included visitations to various health facilities, and making invitations to persons of interest in order to gather relevant details.

## **2.0 METHODOLOGY**

In executing her mandate the committee adopted the following methodologies

- i. Site visits
- ii. Observation
- iii. Holding round table meetings
- iv. Questionnaires

## **2.1 CHALLENGES FACED BY THE COMMITTEE**

Mr. Speaker,

The committee was faced with the following challenges:

- i. Un-cooperative staff in the ministry of health and sanitation in giving information to the committee.
- ii. The threat of COVID-19 while visiting the health facilities and more so Kawiri hospital.
- iii. Lack of protective gear when visiting the isolation center.
- iv. The health directives/ protocols which hindered physical meetings.
- v. Lack of proper infrastructure to hold virtual meetings as requested by some invitees.

Despite these challenges the committee was able to successfully carry out her mandate.

## **2.2 TERMS OF REFERENCES**

Mr. Speaker,

The committee's terms of references included:

- i. To ascertain the current status of the KCHIC program in relation to its uptake, card renewals and its impact in health care provision.
- ii. To establish the measures being taken to address the issue of cancer awareness, screening, prevention and treatment.
- iii. To assess the county's preparedness in tackling the COVID19 pandemic.
- iv. Assess the level of general health care provision across the county.

### **2.3 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; Study, assess and analyse the relative success of departments as measured by the results obtained as compared with their stated objectives;*
- iv. *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;*
- v. *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*
- vi. *Make reports and recommendations to the County Assembly as often as possible, including recommendation of proposed legislation.*

### **2.4 COMMITTEE'S MEMBERSHIP**

Mr. Speaker Sir,

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

- |                                      |                  |
|--------------------------------------|------------------|
| 1. Hon. Philip M. Nguli              | 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. Anthony N. Mwanzia     | 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 |

**2.5 ACKNOWLEDGEMENT**

Mr. Speaker Sir,

The conceptualization and development of this report was made possible by the commitment of numerous individuals who contributed expertise and diverse human resource to see this assignment come to fruition. Without their invaluable input, the publication won't have been possible.

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Mr. Speaker Sir,

First, I wish to thank the medical superintend in the various Level IV hospitals who were very resourceful and briefed the committee during the visitations. 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 accomplishment of this mission.

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 *11/1/2020* .....

**Report compiled by Onesmus M. Mbwang'a -Clerk Assistant**

### 3.0 GENERAL OVERVIEW OF KITUI COUNTY HEALTH CARE

Mr. Speaker,

Health care provision in Kitui County is administered in 292 health facilities, out of these, are 3 level IV hospitals namely Kitui County Referral hospital, Mwingi Level IV, and Migwani hospital. There are 11 level 3Bs recently downgraded from level IV status, 49 level 3As (health centers) and 222 level 2 facilities (dispensaries). Health care services are as well available in various private and faith based health facilities spread across the county. Services In the health facilities are offered by a total of 1,768 health workers in different carders.

#### 3.1 KCHIC PROGRAM

Mr. Speaker,

Kitui County started Kitui County Health Insurance Cover (KCHIC) health care program in August, 2018 whose main objectives were to:

- I. Promote Universal Health Coverage;
- II. Provide beneficiaries relief from high out-of- pocket spending for health services;
- III. Guarantee access to affordable high quality health services for beneficiaries.

The program aimed at addressing the various challenges faced by residents while seeking health care services by covering costs incurred in following areas:

- The cost of Curative, preventive, promotive and rehabilitative services.
- Inpatient bills up to 24 hrs after the date of discharge
- Referrals within kitui county
- Highly specialized care services
- Mortuary services up to seven days upon death.

The program is based on a Legal framework – The **Kitui County Health Insurance Cover (Public Finance Management Act 2012) Regulations, 2018** adopted by the County Assembly.

Kitui County Health insurance Cover fund receives its funding from Monies appropriated by the County Assembly, grants and donations, Income generated from the proceeds of the Fund; and any other lawful sources of income.

The KCHIC program has achieved some milestones since inception which among others include increased numbers of persons seeking treatment as a result being empowered with the KCHIC card. However, the program has been faced with numerous challenges which include:

- I. Failure to abide to the law which created it (the KCHIC regulations) in its operations.
- II. Lack of a proper software to run the program to making it foolproof.

- III. Low public awareness on the need for regular renewals and fresh subscriptions by households.
- IV. Weak management systems of the program as a result of failure to put the management Committee as per the provisions of Regulation 21, failure to appoint a management committee in line with Regulation 16, failure to appoint a substantive fund manager in line with Regulation 15 and failure to appoint an administrator as provided in Regulation 10.

Mr. Speaker,

The committee undertook inspection in various health facilities to gather details on the KCHIC program, cancer treatment, COVID 19 pandemic, and general health provision across the County. The committee invited the Chief Officer for the County Ministry of Health and Sanitation Dr. Richard Muthoka to provide details on various health areas.

Upon successfully completing the inspection exercise and after getting the views of the C.O for Health and Sanitation, the committee retreated to Pride Inn Azure Hotel Wetlands, Nairobi as from 23<sup>rd</sup>-27<sup>th</sup> September, 2020 to compile the report on her findings and recommendations.

#### **4.0 COMMITTEE'S VISITATIONS**

Mr. Speaker;

The committee visited the KCRH, Kauwi Isolation center, Mwingi level IV hospital, Iki level 3B and Migwani hospital to gather information on various aspects affecting healthcare provision in the county.

#### **4.1 THE KCRH**

The committee visited the KCRH on the 13<sup>th</sup> August, 2020 and was received by the Medical superintendent Dr. Muviku accompanied by the hospital administrator. The committee sought their views on the following areas:-

##### **4.1.1 THE KCHIC PROGRAM**

The med sup informed the committee that the facility was accepting the KCHIC cards from persons seeking treatment. The facility has offered treatment to 56,304 patients since inception in 2018 at a cost of Kshs. 41,804,849. However it was observed that there was a drastic drop in the persons seeking treatment with the KCHIC card.

The committee was informed that this drastic drop was as a result of the requirement to have the KCHIC card taking 30 days to mature upon registration. Nevertheless it was the opinion of the committee that this sudden drop was attributed to the poor services being offered in the health facilities.

Since inception of the program the KCRH had offered services worthy kshs. 105,209,930 where no reimbursements have been received leaving the hospital with huge debts. It was clear at this point that the facility had been pushed into serious debts as a result of offering services to KCHIC patients. The KCHIC program was being faced with numerous challenges including;

- I. The KCHIC card was not foolproof as there was no software so far installed to read the cards details.
- II. The program was running in total disregard of the regulations passed by the Assembly making all its operations a total illegality.
- III. The revenue collected from the KCHIC program was being swiped to the county revenue account making it extremely difficult for hospitals to get timely reimbursements.
- IV. There was drastic drop on the households taking up the KCHIC program in the subsequent years since its inception which is likely to result to sustainability difficulties.
- V. Issuance of cards to those who have subscribed for KCHIC has become totally impossible.

#### **4.1.2 THE CT SCAN MACHINE IN KCRH**

The Committee went to inspect the CT scan machine installed in the KCRH. The machine was in good condition as informed by the radiographer who was at the facility.

However, the committee was informed that the only reason why imaging services were not being offered was as a result of lack of a qualified radiologist to interpret images taken from the machine.

The med sup informed the committee that in the recent job adverts done it was not possible to get a qualified radiologist to competently offer services in this department.

#### **4.1.3 CANCER TREATMENT IN KCRH**

The committee learnt that a small range of services were being offered in the facility which include; chemotherapy and palliative care for late stage cancer. The facility had contracted the services of an oncologist who visits the cancer clinic two days a week. No much was being done in relation to awareness and screening at the cancer clinic.

So far the clinic had attended to 248 patients in all categories of cancer. The county had not partnered with any development partners to help finance cancer treatment and thus patients were left to bear the entire cost of cancer treatment.

#### **4.1.4 COVID 19 TREATMENT AND MANAGEMENT**

The Committee learnt that there was no services related to Covid 19 and all suspected cases were referred to the Kauwi Isolation/ treatment center. The facility had received a

total of kshs. 13 million for disease surveillance and contact tracing. Staff at the facility had been trained on tackling the Covid 19 pandemic.

#### **4.1.5 GENERAL HEALTH PROVISION**

The facility leadership informed the committee that 80 % of the drug requirements were received and from the sole supplier KEMSA. The facility hardly experiences drug stock outs.

However, the issue of laboratory reagents remained a big challenge to the facility forcing patients to seek these services from private labs in town. The facility administration confirmed to the committee that on some rare occasions patients are advised to buy drugs from chemists as a result of the stock outs.

#### **4.1.6 GENERAL CHALLENGES FACED AT THE KCRH**

The med sup pointed out the following challenges faced at the KCRH:-

1. The facility experienced a staff shortage especially at the radiology department where the facility had failed to get a qualified radiologist in the past job adverts.
2. The facility experienced long turnaround time to get funds requested from the County treasury this lead to disruption of smooth service delivery.
3. While the hospital was able to collect between Kshs. 14- 15 million on a monthly basis only Kshs. 10 million was being reimbursed back to the facility leading to denied funds which would otherwise have been used to better quality of services offered.

#### **4.2.0 KAUWI ISOLATION/ TREATMENT CENTER**

Mr. Speaker;

The committee visited the Kauwi Isolation/ treatment center to assess the general preparedness in tackling the COVID-19 pandemic. On arrival the committee was received by the med sup Dr. Mutisya. It is worth noting that this is the only designated treatment center in the county.

The committee was informed that the facility had a capacity of handling 30 patients at optimum.

The facility had set aside 30 isolation beds from the ordinary hospital beds.

The facility did not have any ICU bed however, 3 ventilators had been received from the National Government.

Since inception the facility had handled over 100 patients, out of these, 34 cases have been confirmed positive. The facility was receiving sufficient supply of PPEs and other necessities for use by the hospital from the County Government.

The facility was receiving sufficient financial support from the line ministry for various purposes including allowances for burial services, catering for patients and contact tracing among others.

#### **4.3.0 THE MWINGI LEVEL IV HOSPITAL**

Mr. Speaker,

The committee visited Mwingi Level IV hospital on 14<sup>th</sup> August, 2020 to assess the level of service delivery in the facility. On arrival, the committee was received by the Medical Superintendent Dr. Evans Mumo and other members of staff. The committee learnt that this facility had offered services to 56,499 patients at a cost of Kshs. 79,132,564. However, only Kshs. 8,396,305/- had been reimbursed to this facility leaving a huge debt of ksh. 70, 736,259/-.

Owing to the debt, the hospital was facing serious financial challenges and as a result it was forced to borrow food items and some money from the KCRH to feed patients and meet a few other running expenses.

To the shock of the committee, the facility had not received any funds for services offered to KCHIC patients for the 2019/2020 FY. The committee was informed that the hospital which serves as the referral hospital for the larger Mwingi region was almost coming to a standstill in relation to service provision as a result of lack of accrued debts.

#### **4.3.1 ON COVID 19 TREATMENT**

The committee learnt that the facility had so far handled 160 cases of COVID 19. As at the time of visit the facility had 50 of her staff on self-quarantine awaiting their test results after being tested following the interaction of the staff with 2 positive cases which were handled by the staff in the facility.

The Committee learnt that the staff in the facility had been trained on tackling COVID-19 pandemic done in conjunction with Red Cross.

The committee was informed that the facility was facing serious challenges in relation to supply of PPEs for staff.

The facility had not yet received the share of the new ambulances forcing it to rely of Migwani hospital's ambulance. It was revealed to the committee that the reason why the hospital's ambulance was still parked at the Governor's office was due to lack of fuel to drive the vehicle from Kitui to Mwingi which the committee termed as a baseless excuse. The hospital received Kshs. 5, 063, 885/- for COVID 19 related activities including contact tracing, burials, transportation of patients and samples among others.

#### **4.3.2 GENERAL HEALTHCARE PROVISION**

The committee learnt that the facility treated approximately 700 patients on a daily basis, of these 150 were inpatient while the rest were outpatients. The facility conducted over 300 births on a monthly basis with 105 cesarean sections.

The facility was faced with severe shortage of drugs where in most cases patients were require to buy drugs from chemists.

While the FIF requirement for this hospital on a monthly basis was Kshs. 10 million totaling to kshs. 120 million per year, the hospital had only received ksh. 69 million in the

2019/2020 FY leaving the hospital with a huge deficit of kshs. 51 million. The committee was informed that currently the hospital was surviving through borrowed food items and money from the KCRH.

Some notable outstanding debts accrued as a result of this underfunding in KIMWASCO- Kshs. 3.2 million, Kenya Power, 2.7 million, contracted security and cleaning services Kshs. 4.5 million, fuel Kshs. 2.9 million Lab reagents Kshs. 3.1 million and others. As a result of these challenges patients are currently required to pay for ambulances.

#### **4.4 0 IKUTHA LEVEL IV HOSPITAL**

Mr. Speaker,

The committee visited Ikutha Level IV Hospital on 17<sup>th</sup> September, 2020 to assess the quality of health care services in the facility. The Committee was received by Dr. the Ag. Med sup who informed the committee that the facility had offered services to a total of 23,760 KCHIC holders since its inception.

The committee learnt that the facility had not received reimbursements from the K fund for the services rendered.

The med sup informed the committee that the facility faced great challenges while trying to authenticate the true beneficiaries for the KCHIC card as there was no software to do the program hence it was not fool proof.

The committee learnt that the patients registering and renewing for the KCHIC card drastically reduced this was as a result of the fact the hospital had no mechanism to mobilize the public on the need for regular renewals and fresh registration to the KCHIC program households.

#### **4.4.1 ON CANCER TREATMENT**

The committee was informed that the facility only offered few services for late stage cancer patients. (End life care/palliative care). The facility occasionally offers awareness and screening service for cervical cancer in partnership with CMMB development partners. However, the facility lacks specialists for cancer treatment.

The med sup informed the committee that for this facility to offer quality cancer services cancer treatment, more pathologists should be recruited in order to effectively screen and diagnose early stage cancer which is treatable.

#### **4.4.2 ON COVID-19 TREATMENT**

The committee learnt that the facility doesn't offer COVID-19 treatment services and all suspected cases are referred to Kauwi Hospital. However, the staff of the facility have been trained and sensitized on COVID-19.

The facility has set aside an isolation room with one bed while 13 positive cases had been recorded in the whole sub county. The committee was informed that the staff in the

facility were experiencing shortage of the PPEs before CMMB came in handy to supply the same while no funds for COVID-19 had been received so far.

#### **4.4.3 ON GENERAL HEALTH CARE PROVISION**

The hospital was receiving a fairly good supply of drugs and only on rare occasions the hospital experienced stock-outs. As a result patients were rarely advised to buy medicine from the chemists.

The hospital experienced power blackouts while the standby generator installed in the facility lacked fuel. As at the time of visit the facility nurses were on strike while doctors were on a go slow as a result of delayed salaries.

The committee observed that the theatre in the facility was complete and fully equipped while there were no staff to offer services. In the facility there were other projects done up to over 90% completion. These include the laundry, kitchen, and general ward. The committee learnt that the reason as to why the facility was down-graded to level 3B in the recent assessment was as a result of none operational theatre and lack of specialized care.

#### **4.5.0 MIGWANI LEVEL IV HOSPITAL**

Mr. Speaker,

The committee visited Migwani level IV hospital on the 18<sup>th</sup> September and was received by the Med sup Dr. Christopher Wahinya. The facility was accepting the KCHIC card for both outpatient and inpatient. So far the hospital had offered treatment to a total of 100,842 patients. However, the persons seeking treatment on the KCHIC card had drastically reduced from 800 persons per month to the current 100 persons.

The committee learnt that the facility had not received reimbursements for services offered to patients with KCHIC card.

The facility faces challenges while using the KCHIC card as it is not foolproof as a result of lack of software to run the card.

The med sup informed the committee that this hospital was not automated yet and it was really costly as all communications are done through paper work making it expensive to run the hospital. The committee noted that the FIF allocation to this hospital had not been increased despite the fact that more patients sought treatment on the KCHIC card.

#### **4.5.1 ON CANCER TREATMENT**

This facility does not offer cancer treatment services as there were no requisite equipment coupled with lack of staff.

#### **4.5.2 ON COVID-19 TREATMENT**

The committee learnt that the management of the facility had set aside an isolation room with a capacity of six isolation beds. However, any suspected case is referred to Kauwi and KMTC in Kitui. There was screening done at the hospital's gate during ordinary



working days but as at the time of visit the committee found the nurses on strike and doctors on a go slow as result of delayed salaries.

#### **4.5.3 ON GENERAL HEALTH CARE PROVISION**

The committee was informed that the facility enjoyed a fairly good supply of drugs at approximately 80% of the stock requirements. It was noted that the sub county was experiencing a high staff turn-over as a result of those who exited the service to seek greener pastures.

The facility faced a major challenge of underfunding as the current allocation did not match with the current demands of the hospital. For hospitals to run smoothly, the allocation should be based on their revenue generation.

The committee was further informed that the facility was unable to access funds from the Linda Mama Program which reimburses hospital expenses for services offered to mothers who deliver in the facility as a result all revenues generated being swiped to the County Revenue Account. This has led to the hospital accumulating debts and risk of litigation from local merchants.

#### **4.6.0 SUBMISSION BY THE CHIEF OFFICER FOR HEALTH AND SANITATION**

Mr. Speaker,

The committee sought the views of the Chief Officer for the county Ministry of Health and Sanitation Dr. Richard Muthoka, via invitation referenced CAK/9/7/ VOL III (46). However the Chief Officer did not appear before the committee owing to the National Government protocols birring persons from congregating.

The Chief Officer preferred to attend a virtual meeting but since the Assembly does not have such infrastructure to host virtual meetings, the Committee opted to get written submissions from the Chief Officer who submitted as follows:

#### **4.6.1 ON THE CT SCAN MACHINE**

That the CT scan at the KCRH was installed and passed the radiation board requirement and had been operational until around July, 2020. This is after a power surge damaged the hard disk of the machine which requires to be replaced along with a voltage stabilizer to avoid further damages. He further submitted that the county had placed adverts in the past without successfully getting a qualified radiologist.

The committee found this information contradicting as at the time the committee visited the KCRH to inspect the CT scan machine on 13<sup>th</sup> August, 2020, the Radiographer at the department, the med sup and the hospital administrator informed the committee that the machine was perfectly in order and what was lacking was only a Radiologist for services to start.

#### **4.6.2 ON THE UP TO DATE STATUS OF KCHIC PROGRAM**

Mr. Speaker,

The Chief Officer provided the following details:

HOUSEHOLDS REGISTERED SINCE INCEPTION	RENEWALS FOR KCHIC CARDS	AMOUNT ACCRUED UP TO DATE
<b>94,662</b>	<b>15,442</b>	<b>119,434,900/=</b>

It is important to note that the only active KCHIC card holders up to date are the ones who have renewed the subscription i.e. 15,442 as compared to the targeted 100,000 households at the inception of the program.

The committee observed a discrepancy in the total amount of money realized from the subscriptions as the Chief Officer had provided this Committee with a higher figure earlier to the statement request by Hon. Jane Mutua whereas at 30<sup>th</sup> June, 2019, a total of Ksh. 140,692,200 had been collected. To the opinion of the committee this is clear that these figures are not accurate and require to be scrutinized further.

#### **On whether the program is running in conformity with the Kitui County Health Insurance Cover (Public Finance Management Act 2012) Regulations, 2018,**

The C O pointed out that he was convinced that the program was running in conformity with the regulation as per Section 6. He further submitted that all funds received from the proceeds of the program are deposited in the Health Insurance Revenue Account No. 01141810632200 in Cooperative Bank Kitui Branch.

This money is further swiped on a weekly basis into the County Revenue Fund (CRF) in line with the PFM Act, 2012 Section 109. The C.O further submitted that through the KCHIC operations account No. 01141810632201, the participating health facilities are funded upon request.

The committee is of the opinion that the KCHIC program has been operating in contravention of the Kitui County Health Insurance Cover (Public Finance Management Act 2012) Regulations, 2018. The committee pointed out the following Regulations were not adhered to by the program.

- i. Regulation 5..... *There is established a Fund to be known as the Kitui County Health Insurance Cover Fund.*
- ii. Regulation 6 (f)..... *Reimburse participating public health facilities costs of services rendered to beneficiaries.*
- iii. Regulation 10..... *There is established the office of the Fund Administrator.*
- iv. Regulation 14 ..... *There is established the Office of the Fund Manager.*
- v. Regulation 16..... *There is established a committee to be known as the County Health Insurance Cover Management Committee.*
- vi. Regulation 21 ..... *There is established a team to be known as the Kitui County Health Insurance Cover Management Team which shall have powers necessary to perform its functions.*
- vii. Regulation 30..... *The capital Funds shall be domiciled in the Fund accounts.*

Mr. Speaker, at the inception of the KCHIC program it was clear that all monies for program i.e. Monies appropriated by the County Assembly, subscriptions by households, donations and any other lawful sources shall be held in the fund accounts of the program without being swiped to the CRF. In line with Regulation 5 of the Kitui County Health Insurance Cover (Public Finance Management Act 2012) Regulations, 2018.

Regulation 6 of the same regulations outlines the clear purpose of the Fund. As a result of the KCHIC funds being swiped to the CRF, it has become extremely difficult for hospitals to get back their claims for the services offered to KCHIC patients.

Owing to this delayed funding hospitals have been plunged into huge debts which henceforth interfere with smooth service delivery in the health sector. During the visits to the health facilities, the committee was informed that all claims made for the KCHIC services had not been honored and hospitals were only surviving on the FI allocation which is not in tandem with the hospitals' financial needs.

#### 4.6.3 ON FIF MANAGEMENT FOR 2019/2020

The C.O submitted that the County Ministry for Health and Sanitation had allocated a total of Ksh. 295,960,939 during the 2019/2020 FY. The money was distributed to the 14 hospitals. The C.O further submitted that the amounts allocated are based on the needs of a particular hospital and the workload as indicated below.

FACILITY NAME	IDEAL BUDGETARY MONTHLY REQUIREMENT	IDEAL BUDGETARY ANNUAL REQUIREMENT	ACTUAL ALLOCATION ANNUALLY	DEFICIT/VARIANCE
IKANGA	1,100,000	13,200,000	2,748,582.00	10,451,418.00
IKUTHA	1,400,000	16,800,000	9,616,991.00	7,183,009.00
KANYANGI	1,100,000	12,000,000	3,665,915.00	8,334,085.00
KATULANI	1,000,000	12,000,000	4,195,013.00	7,804,987.00
KAUWI	1,400,000	16,800,000	6,944,869.00	9,855,131.00
KCRH	11,000,000	132,000,000	120,841,039.00	11,158,961.00
KYUSO	1,000,000	12,000,000	4,833,860.00	7,166,140.00
MIGWANI	1,400,000	16,800,000	9,570,987.00	7,229,013.00
MUTITU	850,000	10,200,000	4,334,226.00	5,865,774.00
MUTOMO	1,000,000	12,000,000	4,522,216.00	7,477,784.00
MWINGI	10,000,000	120,000,000	68,200,713.00	51,799,287.00
NUU	700,000	8,400,000	2,720,098.00	5,679,902.00
TSEIKURU	1,000,000	12,000,000	2,888,793.00	9,111,207.00
ZOMBE	900,000	10,800,000	3,080,727.00	7,719,273.00

The committee observes that the FIF allocation to the hospitals was still far much below the hospital's needs as compared to the hospitals requests in the 2019/2020 FY. It is the opinion of the committee that the County ministry for Health and Sanitation should allocate FIF monies to hospitals in line with their requests which were approved in the Budget. This will automatically address the issue of underfunding.

A clear comparison between the KCRH and the Mwingi Level IV hospital which act as the referral facilities shows that the latter has been seriously underfunded. Owing to this the hospital has accumulated huge debts. The committee was shocked to learn that Mwingi Level IV hospital was currently depending on borrowed food items and monies from the KCRH.

#### 4.6.4 ON THE DISTRIBUTION OF THE NEW AMBULANCES

The C O submitted that the ministry had procured 10 new ambulances in the 2011 FY of which 6 were distributed to various health facilities while the remaining 4 being used for temporary referrals outside the county as outlined below.

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FACILITIES ISSUED WITH AMBULANCES	REGISTRATION NUMBERS	FACILITIES AWAITING TO BE ISSUED	REG. NUMBERS	REASON NONE ISSUANCE
KAUWI HOSPITAL	15CG 210A	KISASI H/CENTRE	15CG206A	Currently supporting referrals out the county
KCRH	15CG201A 15CG202A	MWINGI LEV. IV HOSPITAL	15CG205A	
MIGWANI HOSPITAL	15CG207	ZOMBE HOSPITAL	15CG208A	
MUTOMO MISSION	15CG203A	KANYANGI HOSPITAL	15CG209A	
MUTOMO HOSPITAL	15CG205A			

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It is the opinion of the committee that the four remaining ambulances should be issued to the proposed health facilities immediately and if need be they can be utilized while under the management of the said facilities. The committee also observes that there is a need for a policy guideline to govern utilization of all ambulances across the County as a matter of urgency.

#### 4.6.5 ON CANCER TREATMENT AND MANAGEMENT IN THE COUNTY

The C O submitted that the cancer screening, diagnosis, treatment and management depends on the equipment and expertise available. He indicated that there was no mammogram, cryotherapy machines and a laboratory equipment to make tissue diagnosis of cancers.

Several specialist in different carders are available in the KCRH including a pathologist, laboratory technologist, gynecologists, surgeons, physicians and pediatricians among others.

The C O further submitted that there were immunizations for 10 year old against human papilloma virus which is the cause of cervical cancer. Screening for women against cervical cancer was being done while health promotion talks through radio talk shows

roadshows and other forms of communications. Palliative care for late stage cancer was being done at the KCRH.

During the visitation at the KCRH, whereas the committee sought to know the equipment available from the Med sup and the hospital administrator, such equipment mammogram, cryotherapy machine as purported by the C O were not available. It was clear that the KCRH offered very few services in relation to cancer diagnosis and treatment due to lack of requisite equipment and specialized staff.

#### **4.6.6 ON THE CURRENT CLASSIFICATION OF HEALTH FACILITIES**

The C O provided a list of the current classification of the health facilities in the county which saw 11 former Level IV hospitals downgraded to level 3B status. (As annexed)

The committee was informed that the reason as to why these facilities were downgraded was as a result of lack of operational theatres and lack of specialists in different areas.

It is worth to note that services in all level 3As and 3Bs services offered should be free (no user fee). The committee observes that the 11 level 3Bs facilities downgraded require to have operational theaters and also specialists in different departments. The committee gives the County Ministry for Health and Sanitation a period of 90 days to meet the criteria of level IV for the 11 downgraded facilities failure to which these facilities should be denied the authority to charge for their services.

## **5.0 COMMITTEES'S GENERAL OBSERVATIONS**

Mr. Speaker;

The Committee having been able to visit several health facilities makes the following observations;

### **ON KCHIC PROGRAM**

1. The KCHIC Program was a noble idea from its inception, however, due to the weak management system, it is at the verge of collapsing owing to the fact its uptake has drastically dropped over the years and the current subscribers cannot provide healthcare to the people of Kitui County.
2. The KCHIC program has been operating in total disregard of the regulations which were adopted by the Assembly. As a result, the initial objectives of the program cannot be achieved under the current circumstances. Among the regulations contravened are Regulation 5,6,10,14,16,21 and 30.
3. There are no coordinated efforts to sensitize households to register afresh and timely renewals for existing KCHIC card holders, this has resulted to a reduction of the active KCHIC numbers which currently stands at 15,4 persons/households.
4. The program has caused a lot of disharmony in the health sector in relation to the funding of the Level IV hospitals hence affecting smooth service delivery in the whole County while the management of this program has failed to steer it to achieve its purposes and intents.

### **ON CANCER PREVENTION, TREATMENT AND MANAGEMENT**

5. The County doesn't have a proper policy framework to address cancer awareness, screening, prevention, treatment and management. This has resulted to very little and un-coordinated efforts to fight this disease which is claiming many lives in the county.

6. There is a serious shortage of trained personnel in the health facilities to offer services on Cancer treatment and management coupled with lack of data base and research on different categories of cancer.
7. The County Ministry for Health and Sanitation has not availed a budgetary proposal to address cancer awareness, screening, prevention, treatment and management.

#### **ON GENERAL HEALTH CARE PROVISION**

8. The County Ministry of Health and Sanitation is experiencing difficulties in its leadership and management as a result of lacking a substantive CECM whose main role is policy formulation and implementation over a very long period.
9. There has been disharmony and serious under funding of level IV hospitals, the worst hit being Mwingi Level IV hospital which is almost collapsing as a result accumulated huge debts.
10. Exhaustive mechanisms have not been employed to have a qualified radiologist recruited to offer imaging services at the KCRH with the CT scan machine.
11. Distribution of PPEs to the health workers remains a big impediment in the health sector which exposes both the workers and their patients to the risks of infection by the deadly virus.
12. Only three facilities in the county namely Kitui, Migwani and Mwingi out of the purported 14 qualify to be true Level IV hospital. The other remaining 11 were downgraded to level 3B as a result of lack of operational theatres and specialized staff. Consequently, this has resulted to an illegality by these facilities charging for their services as all level 3 facilities should offer free services.



## **6.0 COMMITTEE'S RECOMMENDATIONS**

Mr. Speaker,

The committee recommends that;

### **ON KCHIC PROGRAM**

1. The Governor should recruit a substantive CECM for the County Ministry of Health and Sanitation without any further delay in a period of 60 days upon adoption of this report by the Assembly.
2. The KCHIC program should immediately commence full implementation of Regulations 5, 6, 10, 14, 16, 21 and 30 of the Kitui County Health Insurance Cover (Public Finance Management Act 2012) Regulations, 2018 in a period of 60 days upon adoption of this report, failure to which the program shall commence the process of winding up in line with Section 9 of the Public Finance Management Act, 2012.
3. A proper forensic audit should be commenced to determine how the funds allocated from the KCHIC program were utilized and anyone found culpable of embezzlement be brought to book. The CECM for County Treasury shall avail all financial records of the KCHIC program since its inception to the County Assembly Committee on Health and Sanitation within 30 days upon the adoption of this report for further scrutiny.
4. The residents of Kitui should be sensitized and encouraged to enroll both for the NHIF and KCHIC program in large numbers as complementary health care programs.
5. The Committee welcomes the EACC to investigate, the Chief Officer for County Ministry of Health and Sanitation Dr. Richard Muthoka for intentionally failing to adhere to the approved regulations for the KCHIC program which has plunged the program into current crisis adversely affecting the health sector.

### **ON CANCER MANAGEMENT**

6. The County Ministry on Health and Sanitation should immediately start programs to sensitize the masses on cancer awareness, early diagnosis, screening, prevention and treatment. This should be spearheaded by a task force on cancer in the line ministry.
7. The County Ministry of Health and Sanitation should move with speed to establish full cancer treatment centers in the KCRH and Mwingi Level IV hospital while middle level

- cancer treatment services should be started in the 11 Level 3B facilities. All Primary health facilities should be equipped to carry out basic screening services on cancer to avoid late stage cancer diagnosis which is very difficult and expensive to treat.
8. Kitui County should seek donor collaboration including research institutions to help share information and financing the fight against cancer. A cancer research and registry center should be established at the KCRH to help build up information on cancer and create a data base.
  9. Sufficient budgetary allocation for cancer awareness, screening, treatment and management should be factored in subsequent annual budget estimates. The line ministry should collaborate with the national government to ensure all girls at the age of 10 years get vaccinated against cervical cancer. Besides, women should be trained on self-breast cancer assessment to reduce the risk of late breast cancer.

### **ON GENERAL HEALTH CARE PROVISION**

10. Proper legislative framework to give all Level IV hospitals financial autonomy should be put in place, this will cure the perennial problem of delayed funding and under-funding to the facilities. The Committee on Health and Sanitation shall fast track the enactment of the draft *Kitui County Health Services Bill 2020* within 60 days upon adoption of this report.
11. A radiologist should be recruited as a matter of urgency to offer imaging services in the radiology department in KCRH within a period of 60 days. The Committee further recommends that in case KCRH is unable to get her own radiologist immediately, in consultation with the line ministry, to seek the services of a contracted radiologist to interpret images taken since the KCRH has a qualified Radiographer in the radiology department.
12. The incomplete theatres, maternities and other structures in the 11 Level 3B facilities should be completed and operationalized while relevant staff should be recruited to enable these facilities to upgrade to their earlier status of Level IV hospitals. The 11 downgraded Level 3Bs facilities are given up to 90 days upon adoption of this report by the Assembly to meet the criteria of true Level IV status failure to which they shall be denied the authority to charge for the services offered.

## **7.0 CONCLUSION**

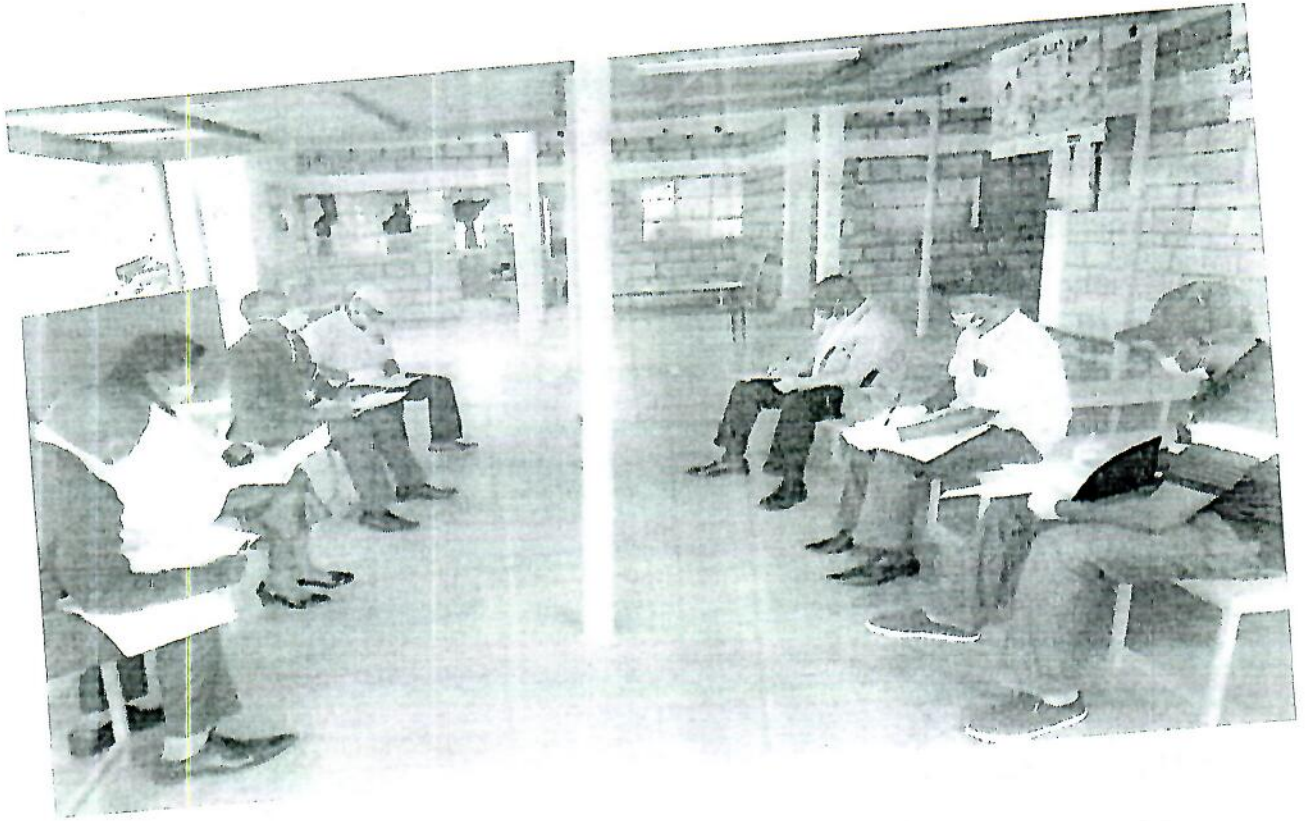
Kenya is experiencing an epidemiological transition in its disease burden from infectious diseases to NCDs, resulting in the double burden of disease. NCDs are a major health concern with significant social and economic implications in terms of health care needs, lost productivity and premature deaths. 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 Government has 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.

## **ANNEXTURES**

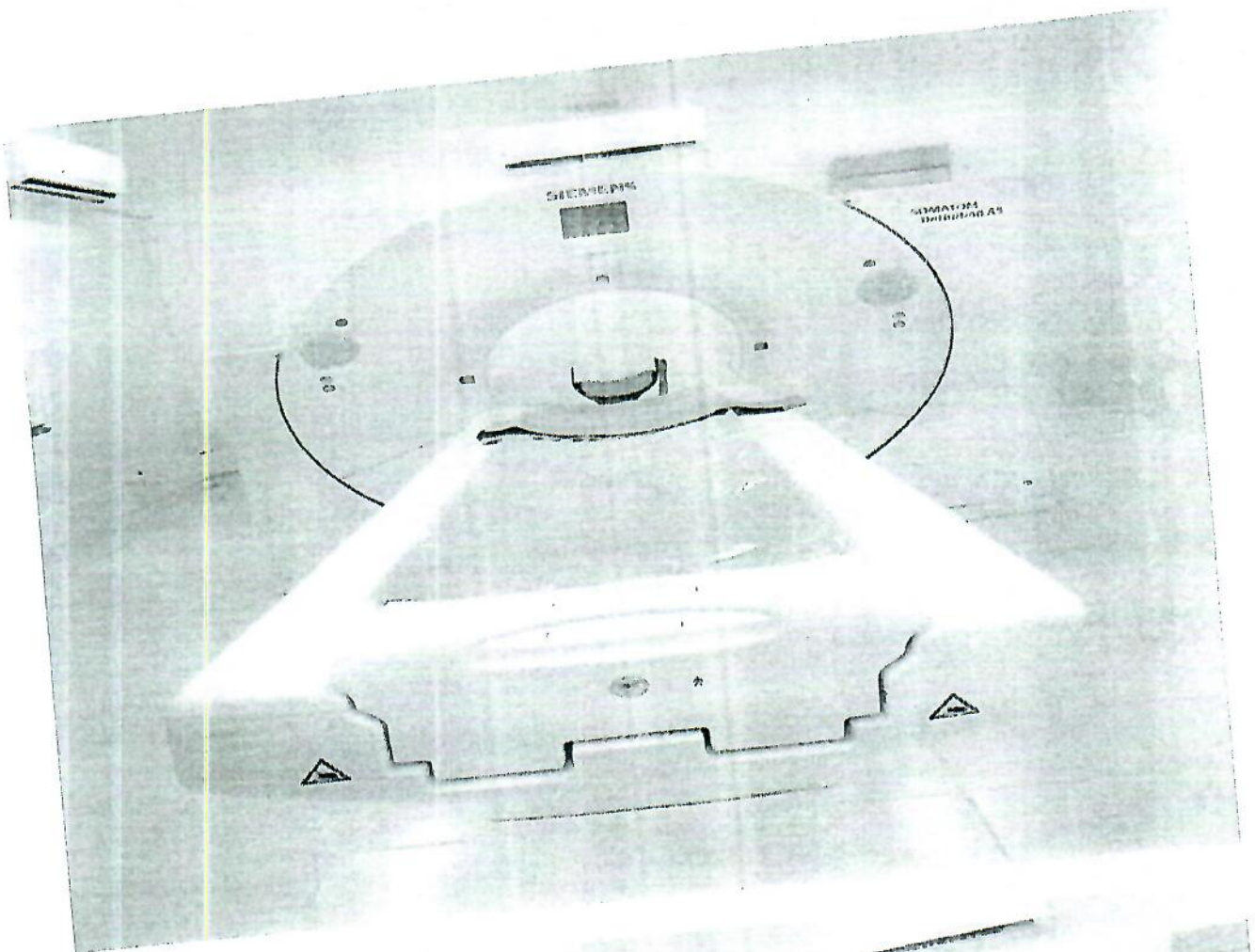
1. MEMBERS SIGNATURES FOR ADOPTION
2. PICTORIALS
3. CHIEF OFFICER'S RESPONSE

ANNEX 1

ANNEX PICTORIALS 1















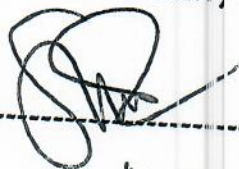










ANNEX 11 (Two)

Adoption of the report

We the members of the Committee on Health and Sanitation, hereby  
our signatures in this report to ascertain its accuracy and authenticity

x

Hon. Philip M. Nguli	Chairperson	
Hon. Nicholas N. Mwalali	Vice chairperson	
Hon. Geoffrey Muli Mwalimu	Member	
Hon. Elizabeth Ndunge Peter	Member	
Hon. Regina Mueni Ishmail Musyoki	Member	
Hon. Grace Mwikali Sammy	Member	
Hon. Anthony N. Mwanzia	Member	
Hon. Eliud Muteti Nding'uri	Member	
Hon. Josphine Kavivi Mutie	Member	
Hon. Charles Muthui Maema	Member	
Hon. Mary Kanini Philip	Member	



# COUNTY GOVERNMENT OF KITUI



Office of the Chief Of  
Health and Sanitation  
P.O. Box 460-90200  
KITUI

## MINISTRY OF HEALTH AND SANITATION

Ref: CGKTI/MOH/ADM/2(45)

23<sup>rd</sup> September 2020

Clerk of Assembly  
Kitui County Assembly  
P.O Box 694-90200  
**KITUI**

### **RE: INVITATION TO APPEAR BEFORE THE HEALTH & SANITATION COMMITTEE.**

Reference is made to your letter, Ref: CAK/9/7/VOL III(46), dated 11<sup>th</sup> August 2020 on the above subject matter. The committee requested my office to give details on a number of issues. I wish to respond as follows:

#### **1. STATUS OF THE CT SCAN MACHINE AT KITUI COUNTY REFERRAL HOSPITAL**

The CT scan at the Kitui County Referral Hospital is installed, passed the Radiation Board requirements and had been operational until around July 2020. This is after power surge damaged the hard disk of the machine. This requires to be replaced in addition to installation of Voltage stabilizer to avoid future damages.

The county also has a challenge with a radiologist to operate the Machine.

#### **2. THE UP TO DATE STATUS OF KCHIC PROGRAMME**

Below is a summary of the number of beneficiaries registered or renewed their membership and the amount collected to date.

S/NO	MONTH	NO. REGISTERED	RENEWALS	TOTAL AMOUNT COLLECTED (KES)
1	Aug-18	1,539		
2	Sep-18	46,405		1,692,900
3	Oct-19	11,202		51,045,500
4	Nov-18	5,979		12,322,200
				6,576,900

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5	Dec-18	3,640		4,004,000
6	Jan-19	3,237		3,425,400
7	Feb-19	3,169		3,485,900
8	Mar-19	4,252		4,677,200
9	Apr-19	2,195		2,414,500
10	May-19	4,162		4,578,200
11	Jun-19	3,434		3,777,400
12	Jul-19	397	5	441,700
13	Aug-19	761	3	840,100
14	Sep-19	160	12	188,000
15	Oct-19	524	1,924	2,500,400
16	Nov-19	672	3,081	3,820,200
17	Dec-19	508	2,367	2,925,800
18	Jan-20	631	2,409	3,103,100
19	Feb-20	479	1,815	2,341,900
20	Mar-20	332	1,057	1,422,200
21	Apr-20	128	381	521,800
22	May-20	188	524	730,800
23	Jun-20	254	752	1,031,400
24	Jul-20	284	760	1,072,400
24	Aug-20	130	352	495,000
	<b>TOTAL</b>	<b>94,662</b>	<b>15,442</b>	<b>119,434,900</b>

### PROGRAMME'S CONFORMITY WITH THE KCHIC REGULATIONS

The operations of the KCHIC programme are guided by Kitui County Health Insurance Cover (Public Finance Management Act, 2012) Regulations, 2018.

As per the Regulations (section 6), KCHIC programme aims:

- (a) to promote universal health coverage in Kitui County;
- (b) to provide beneficiaries relief from high out of pocket spending for health services;
- (c) to guarantee access to affordable high quality health services for beneficiaries;

To achieve the above, KCHIC programme has been covering the following:

- (a) All curative, preventive, promotive and rehabilitative services available within the Kitui County public health facilities;
- (b) Referrals within the Kitui County public health facilities;

- (c) For highly specialized services, whose appliances are not available in the public health facilities, the fund covers the cost of hospital fees but not the cost of such appliances
- (d) Mortuary fees excluding professional fees for autopsies or post-mortem for beneficiaries for up to 7 days, after which standard daily charges apply and be borne by the kin.
- (e) Ambulance services within the county

All funds collected under this programme is deposited to a Kitui County Health Insurance Revenue Account (Account Number: 01141810632200) the amounts are then swipped in to County Revenue Fund (CRF) Account as per Finance Management Act, 2012 (Section 109). County Treasury then transfers funds to the hospitals through Kitui County Health Insurance Operations account (Account Number: 01141810632201). Public health facilities are then funded upon request

- On if there are instances KCHIC patients required to buy drugs from chemist facilities. Yes, but rarely, when the drug is not readily available at the public health facilities.
- On whether hospitals receive reimbursements from KCHIC services on time: It depends on the requests made by the hospitals and on availability of funds under this programme.
- On whether the KCHIC program is able to offer health care to the county with the current uptake by households: Yes
- On whether it is recommended for the program to continue or be wound up: It is recommended for the program to continue or be wound up in line with the regulations: As per the KCHIC Regulations (Section 7), the programme has a lifespan of 10 years.
- On the opinion as to whether its advisable for the county to go the NHIF way or the KCHIC way. These two programmes are complementary. For those households who cannot afford NHIF, they have a KCHIC as an option.

### 3. FIF MANAGEMENT FOR 2019/2020 FY

The Ministry allocated **Kshs. 295,960,939** as FIF in the 2019/2020 FY. The funds have been distributed to the 14 hospitals as per the attached report.

The cause of variance is based on the needs of a particular hospital and the workload

### 4. DISTRIBUTION OF THE NEW AMBULANCES.

The Ministry procured 10 ambulances in 2018/2019 FY. The ambulances are distributed to health facilities as follows:



S/No	Registration Number	Facility	Ambulance issues to the facility	Why the ambulance has not been issued
1.	15CG210A	Kauwi Hospital	Yes	N/A
2.	15CG201A	Kitui County Referral Hospital	Yes	N/A
3.	15CG202A	Kitui County Referral Hospital	Yes	N/A
4.	15CG207A	Migwani Hospital	Yes	N/A
5.	15CG203A	Mutomo Hospital	Yes	N/A
6.	15CG204A	Mutomo Mission Hospital	Yes	N/A
7.	15CG205A	Mwingi Hospital Level IV	No	Temporarily Supporting referrals outside the county
8.	15CG206A	Kisasi Health Centre	No	Temporarily Supporting referrals outside the county
9.	15CG208A	Zombe Hospital	No	Temporarily Supporting referrals outside the county
10.	15CG 209A	Kanyangi Hospital	No	Temporarily Supporting referrals outside the county

## 5. CANCER TREATMENT AND MANAGEMENT IN THE COUNTY

The term cancer is used to describe a diverse group of diseases whose hallmark is an abnormal growth of body cells which may lead to tissue damage, spread to other parts of the body and death.

Diagnosis and treatment depend on the type of cell that is affected, and the part of the body where the disease is located. The disciplines involved in the management of cancers are as varied as the cancers. Different equipment, expertise and drugs are required to prevent and control cancers.

The level of management of cancers in Kitui County is variable and depends on the equipment and expertise available.



## ***What is the situation of cancer diagnosis and treatment in Kitui?***

### **Equipment**

- Mammogram machine is available at the Kitui County Referral Hospital for diagnosis of breast cancers.
- Cryotherapy machine is available at Kitui County Referral Hospital at Mwingi Level IV Hospital for pre-cervical cancer.
- Laboratory equipment available to make tissue diagnosis of cancers

### **Human Resource**

- Pathologist available to make the diagnosis of various cancers at the laboratory
- Laboratory technologists are available to assist the pathologist.
- Five gynaecologists available for management of early disease gynaecological cancers
- Surgeons available to manage early-stage surgical cancers
- Physicians available to manage early-stage adult cancers
- Paediatricians available to manage early-stage cancers
- A medical officer is currently undergoing training on radio-oncology
- Medical officers, clinical officers and nurses trained on how to diagnose pre-cancer cervical disease
- Nurses training on palliative care

### **Prevention**

- Immunization of 10-year-old girls against Human papillomavirus which is leading cause of cervical cancer
- Screening of women against cervical cancer
- Health promotion through radio talk shows, roadshows and other forms of communication on prevention of cancers through health living

### **Palliative care**

- Palliative care is available for end-stage disease

### ***What are the challenges?***

- Advanced cancers cannot be treated in Kitui County due to lack of experts such as oncologists and lack of equipment such as radiotherapy machines
- Many patients present with very advanced cancers which cannot be treated
- Public awareness of the prevention of different cancers is still low



### *What needs to be done to improve cancer diagnosis and treatment?*

- Train more health care workers on diagnosis and treatment of cancers
- Invest more on equipment that aid in the diagnosis and treatment of cancers
- Purchase drugs and other commodities for the treatment of cancers
- Increase health promotion messages

### **6. THE CURRENT CLASSIFICATION OF THE HEALTH FACILITIES IN THE COUNTY**

(See attached List)

### **7. THE STATUS OF THE LEASED EQUIPMENT BY THE NATIONAL GOVERNMENT**

In 2016 the National Government equipped two hospitals in each county with outsourced specialized state of the art medical equipment under the MES project. In Kitui County, Kitui county referral hospital and Mwingi level IV hospital benefited from this project.

In Mwingi level IV hospital the following categories of specialized medical equipment were provided under MES.

#### **1. Theatre equipment**

The following equipment were supplied and installed in the hospital:-

- Two anaesthesia machines
- One theatre light
- Two theatre operating tables
- One infant warmer
- Four patient stretchers
- Two linen trolleys
- Two instrument trolleys
- One electrosurgical unit

#### **2. Sterilizing equipment and surgical sets**

The following equipment were supplied.

- One auto clean
- One ultrasonic washer

A replacement of the above equipment was done last year (2019) therefore we have two functional autoclaves and two functional ultra-sonic washers. The surgical instruments are replaced yearly from 2016.

### 3. Radiology equipment (x-ray)

The following equipment were supplied to the radiology department under the project:-

- i. One digital x-ray (Brivo)
- ii. One mobile x-ray (Optima)
- iii. One ultrasound machine (Logiq f6)
- iv. One CR
- v. One C-arm
- vi. Two x-ray printers

All the equipment supplied under the MES are functional except the digital machine (Brivo) which is awaiting power upgrade

Kitui county referral hospital received the following equipment under the MES project

<b>RENAL DEPARTMENT</b>				
Description	Model	Tag No.	Category	Condition
HD machine	formular 2000 plus	KDH/R/001	Medical	functional
HD machine	formular 2000 plus	KDH/R/002	Medical	functional
HD machine	formular 2000 plus	KDH/R/003	Medical	functional
HD machine	formular 2000 plus	KDH/R/004	Medical	functional
HD machine	formular 2000 plus	KDH/R/005	Medical	functional
Water treatment plant	Modular	KDH/R/006	Medical	functional
Dialysis chair	Apa -a-ANGO2601	KDH/R/007	Medical	functional
Dialysis chair	Apa -b- ANGO2601	KDH/R/008	Medical	functional
Dialysis chair	Apa -c- ANGO2601	KDH/R/009	Medical	functional
dialysis beds	Apa -a- ANGO2601	KDH/R/010	Medical	functional
dialysis beds	Ap -10-b- ANGO2602	KDH/R/011	Medical	functional
crash cart	AP-45-2-ANGO3304	KDH/R/012	Medical	functional
suction machine	Ap 730D - ANGO2605	KDH/R/016	Medical	functional
oxygen concentrator	Ap8f10-a- ANGO2607	KDH/R/017	Medical	functional
oxygen concentrator	Ap8f10-b- ANGO2607	KDH/R/018	Medical	functional
patient monitor	AP7000PLUS	KDH/R/019	Medical	functional
patient monitor	AP7000PLUS	KDH/R/020	Medical	functional
defibrator		KDH/R/021	Medical	functional

<b>RADIOLOGY DEPARTMENT</b>				
Description	Model	Tag No.	Category	Condition

Dry view Printer	6950 Laser image	KDH/X-RAY/039	Medical	Functional
Dryview printer	5950 Laser imager	KDH/X-RAY/040	Medical	Functional
Dryview Printer	6950 Carestream	KDH/X-RAY/041	Medical	Functional
Brivo x-ray machine	Brivo	KDH/X-RAY/042	Medical	Functional
Portable X-ray machine	E7894X	KDH/X-RAY/043	Medical	Functional
Wooden cupboard		KDH/X-RAY/044	Furniture	Functional
Executive chair		KDH/X-RAY/045	Furniture	Functional
Table with drawers		KDH/X-RAY/046	Furniture	Functional
Table with drawers		KDH/X-RAY/047	Furniture	Functional
Executive chair		KDH/X-RAY/048	Furniture	Obsolete
Executive chair		KDH/X-RAY/049	Furniture	Obsolete
Executive chair		KDH/X-RAY/050	Furniture	Obsolete
Executive chair		KDH/X-RAY/051	Furniture	Obsolete
Executive chair		KDH/X-RAY/052	Furniture	Obsolete
Executive chair		KDH/X-RAY/053	Furniture	Functional
Table with drawers		KDH/X-RAY/054	Furniture	Functional
Table with drawers		KDH/X-RAY/055	Furniture	Functional
Table with drawers		KDH/X-RAY/056	Furniture	Functional
Table with drawers		KDH/X-RAY/057	Medical	Functional
OPG Machine	CEPHALOSTAT	KDH/X-RAY/058	Furniture	Functional
Wooden shelf		KDH/X-RAY/059	Medical	Functional
Mammography Machine		KDH/X-	Furniture	Functional
Patient waiting metallic				

chairs			RAY/060		
Patient waiting chairs	metallic		KDH/X-RAY/061	Furniture	Functional
Wooden shelf			KDH/X-RAY/062	Furniture	Functional
Digital Ultrasound Machine			KDH/X-RAY/063	Medical	Functional
C Arm		5336110-02	KDH/X-RAY/064	Medical	Functional
CR system				Medical	Functional

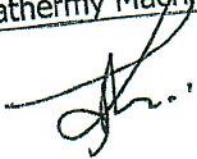
**CSSD**

Description	Model	Tag No.	Category	Condition
Autoclave	ESTA-108A	KDH/CSSD/001	Medical	Functional
Ultra Sonic Washer Autoclave	ESTU-101	KDH/CSSD/002	Medical	Functional

**THEATRE**

Description	Model	Tag No.	Category	Condition
Weighing scale		KDH/THR/132	Medical	Functional
Anaesthetic machine	Wato EX55	KDH/THR/134	Medical	Functional
Theatre table	Hy Base 6100	KDH/THR/133	Medical	Functional
Theatre table	Hy base 6100	KDH/THR/137	Medical	Functional
Theatre Light(twin arm) operating	Hy LED 730,Hy LED 760	KDH/THR/146	Medical	Functional
Theatre Light(Twin arm) operating	Hy LED 730,Hy LED 760	KDH/THR/147	Medical	Functional
Resustaire		KDH/THR/135	Medical	Functional
Linen Trolley		KDH/THR/140	Medical	Functional
Linen Trolley		KDH/THR/141	Medical	Functional
Patient stretcher		KDH/THR/142	Medical	Functional
Patient Stretcher		KDH/THR/142	Medical	Functional

		3		
Patient Stretcher		KDH/THR/14 4	Medical	Functional
Patient Stretcher		KDH/THR/14 5	Medical	Functional
Instrument Trolley		KDH/THR/13 8	Medical	Functional
Instrument Trolley		KDH/THR/13 9	Medical	Functional
Diathermy Machine			Medical	Functional



Dr. Richard Muthoka,  
 Chief Officer, Health & Sanitation  
**KITUI COUNTY**

**LIST OF PUBLIC HEALTH FACILITIES IN KITUI COUNTY**

SNO	FACILITY	LEVEL	WARD	SUB-COUNTY	COMMENTS
1	KITUI COUNTY REFERRAL HOSPITAL	LEVEL 4	TOWNSHIP	KITUI CENTRAL	
2	MWINGI SUB COUNTY HOSPITAL	LEVEL 4	CENTRAL	MWINGI CENTRAL	
3	NUU SUB COUNTY HOSPITAL	LEVEL 4	NUU	MWINGI CENTRAL	LEVEL NOT GAZETTED BY MEDICAL COUNCIL
4	MIGWANI SUB COUNTY HOSPITAL	LEVEL 4	MIGWANI	MWINGI WEST	
5	KATULANI SUB COUNTY HOSPITAL	LEVEL 3B	MULANGO	KITUI CENTRAL	
6	MUTITU SUB COUNTY HOSPITAL	LEVEL 3B	MUTITO/KALIKU	KITUI EAST	
7	ZOMBE SUB COUNTY HOSPITAL	LEVEL 3B	ZOMBE/MWITIKA	KITUI EAST	
8	IKANGA SUB COUNTY HOSPITAL	LEVEL 3B	IKANGA/KYATUNE	KITUI SOUTH	
9	IKUTHA SUB COUNTY HOSPITAL	LEVEL 3B	IKUTHA	KITUI SOUTH	
10	MUTHA HEALTH CENTRE	LEVEL 3B	MUTHA	KITUI SOUTH	
11	MUTOMO SUB COUNTY HOSPITAL	LEVEL 3B	MUTOMO	KITUI SOUTH	
12	KAUWI SUB COUNTY HOSPITAL	LEVEL 3B	KAUWI	KITUI SOUTH	
13	KYUSO SUB COUNTY HOSPITAL	LEVEL 3B	KYUSO	KITUI WEST	
14	KASYALA HEALTH CENTRE	LEVEL 3A	KYANGWITHYA EAST	MWINGI NORTH	
15	TUNGUTU HEALTH CENTRE	LEVEL 3A	KYANGWITHYA WEST	KITUI CENTRAL	
16	MIAMBANI HEALTH CENTRE	LEVEL 3A	MIAMBANI	KITUI CENTRAL	
17	KYANGUNGA HEALTH CENTRE	LEVEL 3A	MULANGO	KITUI CENTRAL	
18	NZANGATHI HEALTH CENTRE	LEVEL 3A	CHULUNI	KITUI CENTRAL	
19	NZANGATHI HEALTH CENTRE	LEVEL 3A	CHULUNI	KITUI EAST	
20	MALALANI HEALTH CENTRE	LEVEL 3A	ENDAU MALALANI	KITUI EAST	
21	CHULUNI HEALTH CENTRE	LEVEL 3A	NZAMBANI	KITUI EAST	
22	YANZUU HEALTH CENTRE	LEVEL 3A	NZAMBANI	KITUI EAST	
23	VOO HEALTH CENTRE	LEVEL 3A	VOO/KYAMATU	KITUI EAST	
24	INYUU HEALTH CENTRE	LEVEL 3A	ZOMBE/MWITIKA	KITUI EAST	
25	MWITIKA HEALTH CENTRE	LEVEL 3A	ZOMBE/MWITIKA	KITUI EAST	
26	KAUMU HEALTH CENTRE	LEVEL 3A	ZOMBE/MWITIKA	KITUI EAST	
27	KANYANGI SUB COUNTY HOSPITAL	LEVEL 3A	ZOMBE/MWITIKA	KITUI EAST	
28	KISASI HEALTH CENTRE	LEVEL 3A	KANYANGI	KITUI RURAL	
29	MALIKU HEALTH CENTRE	LEVEL 3A	KISASI	KITUI RURAL	
30	YATTA HEALTH CENTRE	LEVEL 3A	KISASI	KITUI RURAL	
31	KALULINI HEALTH CENTRE	LEVEL 3A	KWA VONZA/YATTA	KITUI RURAL	
32	KATHOME HEALTH CENTRE	LEVEL 3A	KWA VONZA/YATTA	KITUI RURAL	
33	IMBITINI HEALTH CENTRE	LEVEL 3A	KWA VONZA/YATTA	KITUI RURAL	
34	KAMUTEI HEALTH CENTRE	LEVEL 3A	IMBITINI	KITUI RURAL	
		LEVEL 3A	ATLJI	KITUI RURAL	

LEVEL 3A	IKUTHA	KITUI SOUTH
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37	KATYETHOKA HEALTH CENTRE	LEVEL 3A	MUTHA		KITUI SOUTH
38	KISAYANI HEALTH CENTRE	LEVEL 3A	MUTOMO		KITUI SOUTH
39	KWA MUTONGA HEALTH CENTRE	LEVEL 3A	KWA MUTONGA/KITHUMULA		KITUI WEST
40	NDIUNI HEALTH CENTRE	LEVEL 3A	KWA MUTONGA/KITHUMULA		KITUI WEST
41	MATINYANI HEALTH CENTRE	LEVEL 3A	MATINYANI		KITUI WEST
42	TULIA HEALTH CENTRE	LEVEL 3A	MUTONGUNI		KITUI WEST
43	KAKEANI HEALTH CENTRE	LEVEL 3A	MUTONGUNI		KITUI WEST
44	KALISASI HEALTH CENTRE	LEVEL 3A	CENTRAL		MWINGI CENTRAL
45	KANYUNGA HEALTH CENTRE	LEVEL 3A	KIVOU		MWINGI CENTRAL
46	MATHUKI HEALTH CENTRE	LEVEL 3A	MUI		MWINGI CENTRAL
47	NGUNI HEALTH CENTRE	LEVEL 3A	NGUNI		MWINGI CENTRAL
48	UKASI MODEL HEALTH CENTRE	LEVEL 3A	NGUNI		MWINGI CENTRAL
49	KAVINDU HEALTH CENTRE	LEVEL 3A	NUU		MWINGI CENTRAL
50	WINGEMI HEALTH CENTRE	LEVEL 3A	NUU		MWINGI CENTRAL
51	WAITA HEALTH CENTRE	LEVEL 3A	WAITA		MWINGI CENTRAL
52	KATSE HEALTH CENTRE	LEVEL 3A	MUMONI		MWINGI CENTRAL
53	TYAA KAMUTHALE HEALTH CENTRE	LEVEL 3A	MUMONI		MWINGI NORTH
54	NGOMENI HEALTH CENTRE	LEVEL 3A	MUMONI		MWINGI NORTH
55	THARAKA HEALTH CENTRE	LEVEL 3A	NGOMENI		MWINGI NORTH
56	TSEIKURU SUB COUNTY HOSPITAL	LEVEL 3A	THARAKA		MWINGI NORTH
57	MASYUNGWA HEALTH CENTRE	LEVEL 3A	TSEIKURU		MWINGI NORTH
58	KANINGO HEALTH CENTRE	LEVEL 3A	TSEIKURU		MWINGI NORTH
59	KYETHANI HEALTH CENTRE	LEVEL 3A	TSEIKURU		MWINGI NORTH
60	MBONDONI HEALTH CENTRE	LEVEL 3A	KIOMO/KYETHANI		MWINGI WEST
61	THITANI HEALTH CENTRE	LEVEL 3A	KIOMO/KYETHANI		MWINGI WEST
62	NZELUNI HEALTH CENTRE	LEVEL 3A	KYOME/THAANA		MWINGI WEST
63	NZAWA HEALTH CENTRE	LEVEL 3A	MIGWANI		MWINGI WEST
64	NTHONGONI HEALTH CENTRE	LEVEL 3A	NGUUTANI		MWINGI WEST
65	KYATUNE HEALTH CENTRE	LEVEL 3	KWA VONZA/YATTA		KITUI RURAL
66	KAUMA HEALTH CENTRE	LEVEL 3	IKANGA/KYATUNE		KITUI SOUTH
67	WINZYEEI HEALTH CENTRE	LEVEL 3	MATINYANI		KITUI WEST
68	WANZUA DISPENSARY	LEVEL 3	KYOME/THAANA		MWINGI WEST
69	MUSEVE DISPENSARY	LEVEL 2	KYANGWITHYA EAST		KITUI CENTRAL
70	INZUNGUNI DISPENSARY	LEVEL 2	KYANGWITHYA EAST		KITUI CENTRAL
71	KABAA DISPENSARY	LEVEL 2	KYANGWITHYA EAST		KITUI CENTRAL
72	KYALIINI DISPENSARY	LEVEL 2	KYANGWITHYA EAST		KITUI CENTRAL
73	MUJUNDI DISPENSARY	LEVEL 2	KYANGWITHYA EAST		KITUI CENTRAL
74	WALUKU DISPENSARY	LEVEL 2	KYANGWITHYA EAST		KITUI CENTRAL



76	KAVUTA DISPENSARY	LEVEL 2	KYANGWITHYA WEST	KITUI CENTRAL
77	ITOLEKA DISPENSARY	LEVEL 2	KYANGWITHYA WEST	KITUI CENTRAL
78	KAKUUNI DISPENSARY	LEVEL 2	KYANGWITHYA WEST	KITUI CENTRAL
79	KALIAKAKYA DISPENSARY	LEVEL 2	KYANGWITHYA WEST	KITUI CENTRAL
80	KALIKUVU DISPENSARY	LEVEL 2	KYANGWITHYA WEST	KITUI CENTRAL
81	KISYOKA DISPENSARY	LEVEL 2	KYANGWITHYA WEST	KITUI CENTRAL
82	MANGINA DISPENSARY	LEVEL 2	KYANGWITHYA WEST	KITUI CENTRAL
83	NDUMONI DISPENSARY	LEVEL 2	KYANGWITHYA WEST	KITUI CENTRAL
84	KAMANDIO DISPENSARY	LEVEL 2	KYANGWITHYA WEST	KITUI CENTRAL
85	MUTUKYA DISPENSARY	LEVEL 2	MIAMBANI	KITUI CENTRAL
86	MAKAANI DISPENSARY	LEVEL 2	MIAMBANI	KITUI CENTRAL
87	MIKUYUNI DISPENSARY	LEVEL 2	MIAMBANI	KITUI CENTRAL
88	MWANYANI DISPENSARY	LEVEL 2	MIAMBANI	KITUI CENTRAL
89	USIANI DISPENSARY	LEVEL 2	MIAMBANI	KITUI CENTRAL
90	KIVIU DISPENSARY	LEVEL 2	MIAMBANI	KITUI CENTRAL
91	KANGALU DISPENSARY	LEVEL 2	MULANGO	KITUI CENTRAL
92	KATHUNGI DISPENSARY	LEVEL 2	MULANGO	KITUI CENTRAL
93	KITUNDU DISPENSARY	LEVEL 2	MULANGO	KITUI CENTRAL
94	KYAMBITI DISPENSARY	LEVEL 2	MULANGO	KITUI CENTRAL
95	KYANDUJI DISPENSARY	LEVEL 2	MULANGO	KITUI CENTRAL
96	WII DISPENSARY	LEVEL 2	MULANGO	KITUI CENTRAL
97	YAKALIA DISPENSARY	LEVEL 2	MULANGO	KITUI CENTRAL
98	TOWNSHIP DISPENSARY	LEVEL 2	MULANGO	KITUI CENTRAL
99	SYONGILA DISPENSARY	LEVEL 2	TOWNSHIP	KITUI CENTRAL
100	KATUMBU DISPENSARY	LEVEL 2	TOWNSHIP	KITUI CENTRAL
101	KALULU DISPENSARY	LEVEL 2	CHULUNI	KITUI EAST
102	KAMAEMBE DISPENSARY	LEVEL 2	CHULUNI	KITUI EAST
103	KANZAUWU DISPENSARY	LEVEL 2	CHULUNI	KITUI EAST
104	KIONGWE DISPENSARY	LEVEL 2	CHULUNI	KITUI EAST
105	KANDUTI DISPENSARY	LEVEL 2	CHULUNI	KITUI EAST
106	ENDAU DISPENSARY	LEVEL 2	CHULUNI	KITUI EAST
107	TWAMBUI DISPENSARY	LEVEL 2	ENDAU MALALANI	LEVEL NOT GAZETTED BY MEDICAL COUNCIL
108	YIUKU DISPENSARY	LEVEL 2	ENDAU MALALANI	KITUI EAST
109	MAKUKA DISPENSARY	LEVEL 2	ENDAU MALALANI	KITUI EAST
110	KALIKU DISPENSARY	LEVEL 2	ENDAU MALALANI	KITUI EAST
111	ITIKO DISPENSARY	LEVEL 2	MUTITO/KALIKU	LEVEL NOT GAZETTED BY MEDICAL COUNCIL
112	MOONYE DISPENSARY	LEVEL 2	MUTITO/KALIKU	KITUI EAST
113	KAKUNGU DISPENSARY	LEVEL 2	MUTITO/KALIKU	KITUI EAST
		LEVEL 2	MUTITO/KALIKU	
		LEVEL 2	NZAMDANI	



115	KILONZO DISPENSARY	LEVEL 2	NZAMBANI	KITUI EAST	LEVEL NOT GAZETTED BY MEDICAL COUNCIL
116	KAMUUNGU DISPENSARY	LEVEL 2	NZAMBANI	KITUI EAST	
117	KINAKONI DISPENSARY	LEVEL 2	VOO/KYAMATU	KITUI EAST	
118	KYAANGO DISPENSARY	LEVEL 2	VOO/KYAMATU	KITUI EAST	
119	KYAMATU DISPENSARY	LEVEL 2	VOO/KYAMATU	KITUI EAST	
120	KYUUKUNI DISPENSARY	LEVEL 2	VOO/KYAMATU	KITUI EAST	
121	MATUNDU DISPENSARY	LEVEL 2	VOO/KYAMATU	KITUI EAST	
122	MUTHUNGUE DISPENSARY	LEVEL 2	VOO/KYAMATU	KITUI EAST	
123	MAKONGO DISPENSARY	LEVEL 2	VOO/KYAMATU	KITUI EAST	
124	KASUNGUNI DISPENSARY	LEVEL 2	ZOMBE/MWITIKA	KITUI EAST	
125	NGELANI DISPENSARY	LEVEL 2	ZOMBE/MWITIKA	KITUI EAST	
126	KIKUU DISPENSARY	LEVEL 2	ZOMBE/MWITIKA	KITUI EAST	
127	KISEUNI DISPENSARY	LEVEL 2	ZOMBE/MWITIKA	KITUI EAST	
128	KANYONGONYO DISPENSARY	LEVEL 2	KANYANGI	KITUI RURAL	LEVEL NOT GAZETTED BY MEDICAL COUNCIL
129	MASIMBA DISPENSARY	LEVEL 2	KANYANGI	KITUI RURAL	
130	SYOMUNYU DISPENSARY	LEVEL 2	KANYANGI	KITUI RURAL	
131	MOSA DISPENSARY	LEVEL 2	KANYANGI	KITUI RURAL	
132	KAVISUNI DISPENSARY	LEVEL 2	KISASI	KITUI RURAL	
133	MBUSYANI DISPENSARY	LEVEL 2	KISASI	KITUI RURAL	
134	MUKAMENI DISPENSARY	LEVEL 2	KISASI	KITUI RURAL	
135	NGUUNI DISPENSARY	LEVEL 2	KISASI	KITUI RURAL	
136	UNGAATU DISPENSARY	LEVEL 2	KISASI	KITUI RURAL	
137	NGILUNI DISPENSARY - KITUI RURAL	LEVEL 2	KISASI	KITUI RURAL	
138	KWA VONZA DISPENSARY	LEVEL 2	KISASI	KITUI RURAL	LEVEL NOT GAZETTED BY MEDICAL COUNCIL
139	ILIKA DISPENSARY	LEVEL 2	KWA VONZA/YATTA	KITUI RURAL	
140	KAMANYI DISPENSARY	LEVEL 2	KWA VONZA/YATTA	KITUI RURAL	
141	KWA KILUI DISPENSARY	LEVEL 2	KWA VONZA/YATTA	KITUI RURAL	
142	MUSELELE DISPENSARY	LEVEL 2	KWA VONZA/YATTA	KITUI RURAL	
143	MWAKINI DISPENSARY	LEVEL 2	KWA VONZA/YATTA	KITUI RURAL	
144	NGANGANI DISPENSARY	LEVEL 2	KWA VONZA/YATTA	KITUI RURAL	LEVEL NOT GAZETTED BY MEDICAL COUNCIL
145	KANZAU DISPENSARY	LEVEL 2	MBITINI	KITUI RURAL	
146	KATWALA DISPENSARY	LEVEL 2	MBITINI	KITUI RURAL	
147	KITUNGATI DISPENSARY	LEVEL 2	MBITINI	KITUI RURAL	
148	KIVUUNI DISPENSARY	LEVEL 2	MBITINI	KITUI RURAL	
149	ATHI DISPENSARY	LEVEL 2	ATHI	KITUI RURAL	
150	ILENGI DISPENSARY	LEVEL 2	ATHI	KITUI SOUTH	
151	KALWU DISPENSARY	LEVEL 2	ATHI	KITUI SOUTH	
152	KILAWA DISPENSARY	LEVEL 2	ATHI	KITUI SOUTH	

KITUI SOUTH	
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154	KITUTI DISPENSARY	LEVEL 2	ATHI	KITUI SOUTH	
155	MUKUA NIMA DISPENSARY	LEVEL 2	ATHI	KITUI SOUTH	
156	NGATHIE DISPENSARY	LEVEL 2	ATHI	KITUI SOUTH	
157	KATULU DISPENSARY	LEVEL 2	ATHI	KITUI SOUTH	
158	MWATHE DISPENSARY	LEVEL 2	ATHI	KITUI SOUTH	
159	MALUMA DISPENSARY	LEVEL 2	ATHI	KITUI SOUTH	LEVEL NOT GAZETTED BY MEDICAL COUNCIL
160	INDATANI DISPENSARY	LEVEL 2	ATHI	KITUI SOUTH	LEVEL NOT GAZETTED BY MEDICAL COUNCIL
161	NDUU NDUNE DISPENSARY	LEVEL 2	IKANGA/KYATUNE	KITUI SOUTH	LEVEL NOT GAZETTED BY MEDICAL COUNCIL
162	TUVILA DISPENSARY	LEVEL 2	IKANGA/KYATUNE	KITUI SOUTH	
163	YAATHI DISPENSARY	LEVEL 2	IKANGA/KYATUNE	KITUI SOUTH	
164	YONGELA DISPENSARY	LEVEL 2	IKANGA/KYATUNE	KITUI SOUTH	
165	KALULUNI DISPENSARY	LEVEL 2	IKANGA/KYATUNE	KITUI SOUTH	
166	KIMWELI DISPENSARY	LEVEL 2	IKUTHA	KITUI SOUTH	
167	KYOANI DISPENSARY	LEVEL 2	IKUTHA	KITUI SOUTH	
168	KANZIKU HEALTH CENTRE	LEVEL 2	IKUTHA	KITUI SOUTH	
169	MUTHUE DISPENSARY	LEVEL 2	KANZIKU	KITUI SOUTH	
170	EKANI DISPENSARY	LEVEL 2	KANZIKU	KITUI SOUTH	
171	KALIANI DISPENSARY	LEVEL 2	KANZIKU	KITUI SOUTH	
172	KITUVWI DISPENSARY	LEVEL 2	KANZIKU	KITUI SOUTH	
173	MIKONGOONI DISPENSARY	LEVEL 2	KANZIKU	KITUI SOUTH	
174	KAATENE DISPENSARY	LEVEL 2	KANZIKU	KITUI SOUTH	
175	KALAMBANI DISPENSARY	LEVEL 2	MUTHA	KITUI SOUTH	
176	KIATI DISPENSARY	LEVEL 2	MUTHA	KITUI SOUTH	
177	SYAMATANI DISPENSARY	LEVEL 2	MUTHA	KITUI SOUTH	
178	KAYANG'OMBE DISPENSARY	LEVEL 2	MUTHA	KITUI SOUTH	
179	MAKONGONI DISPENSARY	LEVEL 2	MUTOMO	KITUI SOUTH	
180	MUAMBA DISPENSARY	LEVEL 2	MUTOMO	KITUI SOUTH	
181	MUVUKO DISPENSARY	LEVEL 2	MUTOMO	KITUI SOUTH	
182	MWALA DISPENSARY	LEVEL 2	MUTOMO	KITUI SOUTH	
183	MWENGEA DISPENSARY	LEVEL 2	MUTOMO	KITUI SOUTH	
184	UAE DISPENSARY	LEVEL 2	MUTOMO	KITUI SOUTH	
185	KATUTU HEALTH CENTRE	LEVEL 2	MUTOMO	KITUI SOUTH	
186	KISEVENI DISPENSARY	LEVEL 2	KAUWI	KITUI WEST	
187	KIVANI DISPENSARY	LEVEL 2	KAUWI	KITUI WEST	
188	KYONDONI DISPENSARY	LEVEL 2	KAUWI	KITUI WEST	
189	MUTANDA DISPENSARY	LEVEL 2	KAUWI	KITUI WEST	
190	KWA MULUNGU DISPENSARY	LEVEL 2	KAUWI	KITUI WEST	
191	MIIHIKWANI DISPENSARY	LEVEL 2	KWA MUTONGA/KITHUMULA	KITUI WEST	
192		LEVEL 2	KWA MUTONGA/KITHUMULA	KITUI WEST	





193	KALIMANI DISPENSARY	LEVEL 2	MATINYANI	KITUI WEST	LEVEL NOT GAZETTED BY MEDICAL COUNCIL
194	MASEKI DISPENSARY - KITUI WEST	LEVEL 2	MATINYANI	KITUI WEST	LEVEL NOT GAZETTED BY MEDICAL COUNCIL
195	KATHUMA DISPENSARY	LEVEL 2	MATINYANI	KITUI WEST	LEVEL NOT GAZETTED BY MEDICAL COUNCIL
196	KITAMWIKI DISPENSARY	LEVEL 2	MATINYANI	KITUI WEST	LEVEL NOT GAZETTED BY MEDICAL COUNCIL
197	NZINIA DISPENSARY	LEVEL 2	MUTONGUNI	KITUI WEST	
198	SYATHANI DISPENSARY	LEVEL 2	MUTONGUNI	KITUI WEST	
199	YALATANI DISPENSARY	LEVEL 2	MUTONGUNI	KITUI WEST	
200	MATHYAKANI DISPENSARY	LEVEL 2	MUTONGUNI	KITUI WEST	
201	MUSUKINI DISPENSARY	LEVEL 2	CENTRAL	MWINGI CENTRAL	
202	THITHA DISPENSARY	LEVEL 2	CENTRAL	MWINGI CENTRAL	
203	KANZUJ DISPENSARY	LEVEL 2	KIVOU	MWINGI CENTRAL	
204	KARUNG'A DISPENSARY	LEVEL 2	KIVOU	MWINGI CENTRAL	
205	MUI DISPENSARY	LEVEL 2	KIVOU	MWINGI CENTRAL	
206	KALITINI DISPENSARY	LEVEL 2	MUI	MWINGI CENTRAL	
207	KAMULEWA DISPENSARY	LEVEL 2	MUI	MWINGI CENTRAL	
208	LUNDI DISPENSARY	LEVEL 2	MUI	MWINGI CENTRAL	
209	MUYUNI DISPENSARY	LEVEL 2	MUI	MWINGI CENTRAL	
210	YUMBU DISPENSARY	LEVEL 2	MUI	MWINGI CENTRAL	
211	IVUUYA DISPENSARY	LEVEL 2	MUI	MWINGI CENTRAL	
212	KALANGA DISPENSARY	LEVEL 2	NGUNI	MWINGI CENTRAL	
213	MAAI DISPENSARY	LEVEL 2	NGUNI	MWINGI CENTRAL	
214	MULINDE DISPENSARY	LEVEL 2	NGUNI	MWINGI CENTRAL	
215	NGILUNI DISPENSARY - MWINGI CENTRAL	LEVEL 2	NGUNI	MWINGI CENTRAL	
216	KAWALA DISPENSARY - NGUNI	LEVEL 2	NGUNI	MWINGI CENTRAL	LEVEL NOT GAZETTED BY MEDICAL COUNCIL
217	NYAANI DISPENSARY	LEVEL 2	NGUNI	MWINGI CENTRAL	LEVEL NOT GAZETTED BY MEDICAL COUNCIL
218	KYUMBE DISPENSARY	LEVEL 2	NUU	MWINGI CENTRAL	
219	MATULANI DISPENSARY	LEVEL 2	NUU	MWINGI CENTRAL	
220	MUTYANGOME DISPENSARY	LEVEL 2	NUU	MWINGI CENTRAL	
221	NDUVANI DISPENSARY	LEVEL 2	NUU	MWINGI CENTRAL	
222	NGIENI COMMUNITY DISPENSARY	LEVEL 2	NUU	MWINGI CENTRAL	
223	TUVAANI DISPENSARY	LEVEL 2	NUU	MWINGI CENTRAL	
224	YATWA DISPENSARY	LEVEL 2	NUU	MWINGI CENTRAL	
225	MWAMBIU DISPENSARY	LEVEL 2	NUU	MWINGI CENTRAL	
226	ENZIU DISPENSARY	LEVEL 2	NUU	MWINGI CENTRAL	
227	MUONO DISPENSARY	LEVEL 2	WAITA	MWINGI CENTRAL	LEVEL NOT GAZETTED BY MEDICAL COUNCIL
228	MUTWANGOMBE DISPENSARY	LEVEL 2	WAITA	MWINGI CENTRAL	
229	MWAMBIU DISPENSARY	LEVEL 2	WAITA	MWINGI CENTRAL	
230	NYANYAA DISPENSARY	LEVEL 2	WAITA	MWINGI CENTRAL	



232	MIVUKONI HEALTH CENTRE	LEVEL 2	KYUSO	MWINGI NORTH
233	KANDWIA DISPENSARY	LEVEL 2	KYUSO	MWINGI NORTH
234	MATOONI DISPENSARY	LEVEL 2	KYUSO	MWINGI NORTH
235	MATAKA DISPENSARY	LEVEL 2	KYUSO	MWINGI NORTH
236	NGAIE DISPENSARY	LEVEL 2	KYUSO	MWINGI NORTH
237	TII DISPENSARY	LEVEL 2	KYUSO	MWINGI NORTH
238	TWIMYUA DISPENSARY	LEVEL 2	KYUSO	MWINGI NORTH
239	MASEKI DISPENSARY - MWINGI NORTH	LEVEL 2	KYUSO	MWINGI NORTH
240	KAIRUNGU DISPENSARY - MWINGI NORTH	LEVEL 2	KYUSO	LEVEL NOT GAZETTED BY MEDICAL COUNCIL
241	KALATINE DISPENSARY	LEVEL 2	MUMONI	LEVEL NOT GAZETTED BY MEDICAL COUNCIL
242	KANZINWA DISPENSARY	LEVEL 2	MUMONI	MWINGI NORTH
243	MUKONG'A DISPENSARY	LEVEL 2	MUMONI	MWINGI NORTH
244	MUMONI DISPENSARY	LEVEL 2	MUMONI	MWINGI NORTH
245	NGUUKU DISPENSARY	LEVEL 2	MUMONI	MWINGI NORTH
246	NGUUNGANI DISPENSARY	LEVEL 2	MUMONI	MWINGI NORTH
247	KAMUSILIU DISPENSARY	LEVEL 2	MUMONI	MWINGI NORTH
248	KASILUNI DISPENSARY	LEVEL 2	NGOMENI	MWINGI NORTH
249	MITAMISYI DISPENSARY	LEVEL 2	NGOMENI	MWINGI NORTH
250	KONYU DISPENSARY	LEVEL 2	NGOMENI	MWINGI NORTH
251	NTHANGANI DISPENSARY	LEVEL 2	THARAKA	MWINGI NORTH
252	MULANGONI DISPENSARY	LEVEL 2	THARAKA	MWINGI NORTH
253	MUSAVANI DISPENSARY	LEVEL 2	TSEIKURU	MWINGI NORTH
254	NDOONI DISPENSARY	LEVEL 2	TSEIKURU	MWINGI NORTH
255	USJENI DISPENSARY	LEVEL 2	TSEIKURU	MWINGI NORTH
256	NGONGONI DISPENSARY - MWINGI NORTH	LEVEL 2	TSEIKURU	MWINGI NORTH
257	ITONGOLANI DISPENSARY	LEVEL 2	KIOMO/KYETHANI	LEVEL NOT GAZETTED BY MEDICAL COUNCIL
258	KAVUVWANI DISPENSARY	LEVEL 2	KIOMO/KYETHANI	MWINGI WEST
259	KIIO DISPENSARY	LEVEL 2	KIOMO/KYETHANI	MWINGI WEST
260	KIOMO DISPENSARY	LEVEL 2	KIOMO/KYETHANI	MWINGI WEST
261	MUKUTHU DISPENSARY	LEVEL 2	KIOMO/KYETHANI	MWINGI WEST
262	WIKITHUKI DISPENSARY	LEVEL 2	KIOMO/KYETHANI	MWINGI WEST
263	ITENDEU DISPENSARY	LEVEL 2	KIOMO/KYETHANI	MWINGI WEST
264	KARURA DISPENSARY	LEVEL 2	KIOMO/KYETHANI	MWINGI WEST
265	MULILUNI DISPENSARY	LEVEL 2	KIOMO/KYETHANI	LEVEL NOT GAZETTED BY MEDICAL COUNCIL
266	KAIRUNGU DISPENSARY - MWINGI WEST	LEVEL 2	KIOMO/KYETHANI	LEVEL NOT GAZETTED BY MEDICAL COUNCIL
267	KAKONGO DISPENSARY	LEVEL 2	KIOMO/KYETHANI	LEVEL NOT GAZETTED BY MEDICAL COUNCIL
268	THAANA NZAU DISPENSARY	LEVEL 2	KIOMO/KYETHANI	LEVEL NOT GAZETTED BY MEDICAL COUNCIL
269	KAVAINI DISPENSARY	LEVEL 2	KIOMO/KYETHANI	LEVEL NOT GAZETTED BY MEDICAL COUNCIL

	MWINGI WEST
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271	MAVUI DISPENSARY	LEVEL 2	KYOME/THAANA	MWINGI WEST
272	THONZWENI DISPENSARY	LEVEL 2	KYOME/THAANA	MWINGI WEST
273	KANYAA DISPENSARY	LEVEL 2	KYOME/THAANA	MWINGI WEST
274	KANYEKINI DISPENSARY	LEVEL 2	KYOME/THAANA	MWINGI WEST
275	NZATANI DISPENSARY	LEVEL 2	MIGWANI	LEVEL NOT GAZETTED BY MEDICAL COUNCIL
276	KATALWA DISPENSARY	LEVEL 2	MIGWANI	LEVEL NOT GAZETTED BY MEDICAL COUNCIL
277	ILALAMBYU DISPENSARY	LEVEL 2	MIGWANI	MWINGI WEST
278	ITHENG'ELI DISPENSARY	LEVEL 2	MIGWANI	MWINGI WEST
279	ITOLONI DISPENSARY	LEVEL 2	MIGWANI	MWINGI WEST
280	KISOVO DISPENSARY	LEVEL 2	MIGWANI	MWINGI WEST
281	KYAMBOO DISPENSARY	LEVEL 2	MIGWANI	MWINGI WEST
282	MUMBUNI DISPENSARY	LEVEL 2	MIGWANI	MWINGI WEST
283	KILULU DISPENSARY	LEVEL 2	MIGWANI	MWINGI WEST
284	KWA KAVOO DISPENSARY	LEVEL 2	MIGWANI	MWINGI WEST
285	MATHUNZINI DISPENSARY	LEVEL 2	MIGWANI	LEVEL NOT GAZETTED BY MEDICAL COUNCIL
286	KAKULULO DISPENSARY	LEVEL 2	NGUUTANI	LEVEL NOT GAZETTED BY MEDICAL COUNCIL
287	KASEVI DISPENSARY	LEVEL 2	NGUUTANI	MWINGI WEST
288	KEA DISPENSARY	LEVEL 2	NGUUTANI	MWINGI WEST
289	NZALAE DISPENSARY - MWINGI WEST	LEVEL 2	NGUUTANI	MWINGI WEST
290	NZALUNI DISPENSARY	LEVEL 2	NGUUTANI	MWINGI WEST
291	KIKINI DISPENSARY	LEVEL 2	NGUUTANI	MWINGI WEST
292	NGONGONI DISPENSARY - MWINGI WEST	LEVEL 2	NGUUTANI	LEVEL NOT GAZETTED BY MEDICAL COUNCIL
				LEVEL NOT GAZETTED BY MEDICAL COUNCIL

