

COUNTY GOVERNMENT OF KITUI



THE COUNTY ASSEMBLY

SECOND ASSEMBLY – (FIFTH SESSION)

COMMITTEE ON HEALTH AND SANITATION

**THE COMMITTEE FINDINGS DURING THE IMPROMPTU
INSEPECTION OF COUNTY REFERRAL HOSPITALS
FOLLOWING A PUBLIC OUTCRY**

CARRIED OUT ON

(2ND TO 3RD AUGUST, 2021)

**CLERK OF ASSEMBLY CHAMBERS
P .O BOX 694 -90200
KITUI.**

AUGUST , 2021

TABLE OF CONTENTS

1.0 ACRONYMS AND ABREVEATIONS	3
2.0 COMMITTEE RESPONSE TO PUBLIC OUTCRY ON LACK OF OXYGEN AND GENERAL POOR QUALITY OF HEALTH CARE SERVICES IN THE COUNTY REFERRAL HOSPITALS	4
2.1. TERMS OF REFERENCES	4
2.2. METHODOLOGY	4
2.3. CHALLENGES FACED BY THE COMMITTEE.....	5
2.4. COMMITTEE’S MANDATE.....	5
2.5. ACKNOWLEDGEMENT	6
3.0. VISIT AT THE KCRH	7
3.1. ON SUPPLY OF DRUGS.....	7
3.2. X-RAY AND CT- SCAN (RIODIOLOGY) DEPARTMENT	7
3.3. THE AMENITY WARD IN KCRH.....	8
3.4. THE ISOLATION/COVID-19 TREATMENT CENTER IN KCRH.....	8
4.0. MWINGI LEVEL IV HOSPITAL	9
5.0. COMMITTEE’S GENERAL OBSERVATIONS	11
5.1. DRUGS	11
5.2. X-RAY, ULTRA SOUND AND CT-SCAN (RADIOLOGY) DEPARTMENTS	11
5.3. COVID-19 TREATMENT	12
5.4. STALLED PROJECTS	12
PICTORIALS	13

1.0 ACRONYMS AND ABREVEATIONS

CHMT- County Health Management Team

HDU- High Dependency Unit

ICU- Intensive Care Unit

KCRH- Kitui County Referral Hospital

KEMSA- Kenya Medical Supplies Agency

2.0 COMMITTEE RESPONSE TO PUBLIC OUTCRY ON LACK OF OXYGEN AND GENERAL POOR QUALITY OF HEALTH CARE SERVICES IN THE COUNTY REFERRAL HOSPITALS

Mr. Speaker,

Following the recent public outcry on shortage of oxygen and general poor quality of health care services in the county referral hospitals the Committee on Health and Sanitation swiftly undertook an impromptu visit at the said health facilities to establish the truth of the allegations by members of public. The committee's prompt action was further necessitated by the recent death of a resident of Kavalula in Nzambani ward which was purportedly as a result of lack of proper handling in the Kitui County Referral Hospital.

The committee held an online meeting via WhatsApp on 31st July, 2021 and resolved to undertake an impromptu inspection of the county referral hospitals namely Kitui level IV, Migwani and Mwingi level IV hospitals on the 2nd August, 2021 and thereafter retreated to compile a report on her findings in Mwingi Summer springs Hotel on 3rd August, 2021.

2.1. TERMS OF REFERENCES

The Committee had the following terms of references

- I. To ascertain if COVID-19 patients were being admitted in the county referral hospitals.
- II. To ascertain if the hospitals had sufficient supply of oxygen for COVID-19 treatment.
- III. To determine if there were functional X-ray and CT- scan department in the said facilities.
- IV. To ascertain if hospitals were receiving a steady supply of drugs

2.2. METHODOLOGY

In order to achieve her objectives, the Committee adopted the following methodologies:

- I. Interviews,
- II. Round table discussions,
- III. Questionnaires and Observation

2.3. CHALLENGES FACED BY THE COMMITTEE

Mr. Speaker,

The committee was faced with shortage time bearing in mind the matters at hand were causing public outcries and required immediate attention as a result, the committee wasn't able to visit Migwani level IV hospital as antispated. The committee had to work beyond official working hours in order to accomplish her goals.

Mr. Speaker,

The Committee on Health and Sanitation is constituted pursuant to the provisions of Standing Order No. 190, which comprises the following members.

1. Hon. Philip Nguli	Chairperson
2. Hon. Nicholas N. Mwalali	Vice Chairperson
3. Hon. Elizabeth N. Peter	Member
4. Hon. Charles Maema	"
5. Hon. Eliud Nding'uri	"
6. Hon. Geoffrey M. Mwalimu	"
7. Hon. Anthony K. Mbiti	"
8. Hon. Josephine K. Mutie	"
9. Hon. Stephen I. Katana	"
10. Hon. Anthony N. Mwanzia	"
11. Hon. Jane Mutua	"

2.4. COMMITTEE'S MANDATE

Hon. Speaker,

The Committee is charged with the distinct responsibilities as stipulated in the County Assembly Standing Orders No.190 (5). The Committee is mandated under the Standing Order to *inter - alia*

- i. Investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration, operations and estimates of the assigned department.***

- ii. Study the programme and policy objectives of the department and the effectiveness of the implementation.*
- iii. Study, assess and analyze the relative success of the department as measured by the results obtained as compared with their stated objectives.*
- iv. Make reports and recommendations to the County Assembly as often as possible, including recommendation of proposed legislation.*

2.5. ACKNOWLEDGEMENT

The Committee on Health and sanitation extends its gratitude to the office of the Speaker and that of the Clerk of the Assembly for the guidance and the necessary logistical support in this exercise. The Committee also appreciates its Members for the dedication and commitment in ensuring that the process is a success.

Finally, the committee is indebted to the staff of the County Assembly who over the period have been dedicatedly serving the committee successfully and in ensuring this report is compiled.

SIGNED.....

HON. Philip M. Nguli
CHAIRPERSON, COMMITTEE ON HEALTH AND SANITATION

DATE.....*04/08/2021*.....

Report Compiled by Onesmus M. Mbwang'a - Clerk Assistant

3.0. VISIT AT THE KCRH

3.1. ON SUPPLY OF DRUGS

Mr. Speaker,

As at the time of visit, the committee found that the facility had received a huge supply of drugs on the Saturday 31st July, 2021 from KEMSA. The hospital pharmacist informed the Committee that the facility had received 90% of her requisitions. This supply is supposed to last for approximately two months. The previous supply to the facility was in April, 2021.

To the opinion of the committee the facility had a fairly good supply of drugs. The Committee learnt that patients were receiving almost all drugs from the pharmacy and at no time were patients required to buy drugs from chemists which was confirmed by a cross examination of some patients at the department at that time.

3.2. X-RAY AND CT- SCAN (RIODIOLOGY) DEPARTMENT

The committee paid special attention to this department as it is one of the departments which caused a lot of public outcries since many patients were being sent to seek for these services in a private radiographer in town. The committee learnt that both the x-ray and the CT- scan machine were fully in operation. The committee learnt that the department enjoyed a steady and sufficient supply of films. An examination of the registers indicated high numbers had been attended on daily basis over the last three months. The committee was informed that there were no times patients were required to seek for the imaging services from private service providers in town. The committee sought to know why so many patients were ferried in county government's ambulances and taken to get the imaging services from a private service provider in town. It was clear to the committee that there was lack of linkage between the hospital management and the referral of patients to the private service providers from town. It is the opinion of the committee that there may be some collusion between the staff who refer patients to seek imaging services from town and the proprietors of the imaging facility in town. A cross examination of some of the patients who

were at the x-ray department disclosed very poor quality of services were being offered in this department. In some cases, patients had to seek the intervention of well-connected persons before getting x-ray and CT scan services. The hospital management distanced itself from the issue of patients being referred to seek imaging services from town and promised to swing into action and deal with any of its staff found to referring patients to seek for the x-ray and CT scan services from town. The committee was informed that the current CT scan machine required some configuration in order to offer optimum services.

3.3. THE AMENITY WARD IN KCRH

The committee learnt that the amenity has a bed capacity of twenty-six however as at the time of visit the facility had only four patients. The amenity ward was handling an average of twenty to thirty patients on a monthly basis. The committee was informed that the reason as to why the department was not able to operate at its optimum was as result of occasional drug stockouts which forced patients to seek treatment elsewhere. It was the opinion of the committee that the amenity wing lacked proper publicity thus leading to low numbers seeking services from the department.

3.4. THE ISOLATION/COVID-19 TREATMENT CENTER IN KCRH

The committee learnt that the new OPD block was being used as the isolation/ COVID-19 treatment center. Mainly the services offered to COVID-19 patients was supply of oxygen and rapid test for COVID-19. The committee was informed that a high number of patients had been successfully treated for COVID-19 at the facility however, the facility did not ICU nor HDU services as a result of lack requisite equipment. As at the time of visit the committee learnt that there were thirteen patients of whom ten were on oxygen support. It was clear to the committee that the facility faced severe shortage of oxygen. The committee was informed that the COVID-19 patient from Kavalula in Nzambani ward, who passed while being transported for further treatment to Nairobi had been admitted in this facility. The committee learnt that due to lack of ICU and HDU services coupled with

the patient's underlying/life threatening conditions the patient lost her life while on transit to seek further treatment in Nairobi.

The committee was further informed that the facility was faced with severe shortage of oxygen coupled with delayed salaries for the contracted staff who were lastly paid in march, 2021. It was confirmed that the county had no capacity to effectively treat COVID-19 patients as there were no ICU and HDU services. The Committee learnt that the hospital unsuccessfully submitted budgets to the CHMT put of an ICU and HDU facility.

4.0. MWINGI LEVEL IV HOSPITAL

Mr. Speaker,

The committee arrived at the facility some few minutes to nine O'clock in the night with a view of seeking to assess the level of services offered in the facility during the night.

4.1. X-RAY AND ULTRA SOUND (RADIOLOGY) DEPARTMENT

The committee learnt that the department was fully operational despite disruptions occasioned by shortage of films from time to time where during such incidences the patients are required to seek services from elsewhere.

4.2. LABOUR WARDS

A significant number of patients were admitted in this department and it was evident that they were receiving good care however in some occasions patients were required to buy drugs from chemists due to stockouts.

4.3. THE LABORATORY

This department had the potential of performing a wide range of tests however due to a severe shortage of lab reagents many tests were unavailable and, in such cases, patients were required to seek these services from private facilities. It was shocking for the committee to learn that very expensive equipment such as the biochemistry and hematology machine were laying idle in this department due to lack of lab reagents. To the shock

of the committee the staff employed in this department remained without work while drawing salaries from the public coffers.

4.4. THE PHARMACY

The committee learnt that the pharmacy department was operating at approximately 60% stock level consequently patients were required to purchase missing drugs from chemists. The facility pharmacist informed the committee that the facility had only received drugs for one quarter in the 2020/2021 FY.

4.5. THE COVID-19 TREATMENT CENTER

The center was offering rapid test for COVID-19 and oxygen support to COVID-19 patients. As at the time of visit the committee learnt that the center had eight patients all of whom were on oxygen support. Despite the fact that this was the only COVID-19 treatment center for the larger Mwingi region, the committee learnt that there was a severe shortage of oxygen being experienced. The committee learnt that out of the eight admitted COVID-19 patients, only two were on oxygen cylinders while the other six were put under concentrator machines which produce very low levels of oxygen and is also not pure thus putting their lives in a great danger. The committee was further informed that the national government had offered to install an oxygen plant in the facility however, the renovation works required to be undertaken on the earmarked room was yet to be carried out by the county government. The county stands to lose the project if the said renovations are not done by the end of September, 2021. The contracted staff at this center informed the committee that they were lastly paid in the month of march, 2021. The center lacked suitable drugs for COVID-19 treatment thus they patients were required to purchase them from the chemists. The committee learnt that BOC Kenya was not willing to supply more oxygen to the facility as a result of the pending bills amounting to one million shillings.

4.6. AMENITY WARDS

The committee inspected the new amenity wards in the facility which were constructed during the 2016/2017 FY. This was a mega project which if

operationalized would highly boost the revenue generation of the facility. The committee learnt that there was a total of twenty-four private cubicles fully installed with a bed, shower, toilet and a television to offer privacy and comfort to patients seeking amenity services. The committee was further informed that once the amenity wards are operationalized, each room could generate approximately KES. 1500 daily from the NHIF totaling to approximately KES. 36,000/= per day which translated to over KES. 400,000/= per month.

4.7. STALLED PROJECTS

The Committee was informed that several projects had stalled for a long time which include the mortuary, the perimeter wall, medical ward and a Renal unit.

5.0. COMMITTEE'S GENERAL OBSERVATIONS

5.1. DRUGS

The committee observes that the KCRH enjoys a fairly sufficient supply of drugs from KEMSA however the facility requires a spacious store for buffer stock to avoid stockouts.

Unlike the KCRH, Mwingi level IV hospital is badly hit by drug stockouts consequently affecting the other hospitals in the region as this is the main drug store for the larger Mwingi region.

5.2. X-RAY, ULTRA SOUND AND CT-SCAN (RADIOLOGY) DEPARTMENTS

In the KCRH, these departments are fully operational however, the CT scan lacks a full-time radiologist and only relies a locum-based staff which has caused delays in services at the department.

The administrations in the KCRH appeared not to be aware as to why patients are still referred to seek for imaging services from a private facility in town a situation which requires an in-depth inquiry by the committee.

In Mwingi level IV hospital, the services in the x-ray and ultra sound departments are occasionally disrupted by lack of consumables (films) forcing patients to seek for the services in private facilities.

5.3. COVID-19 TREATMENT

In both KCRH and Mwingi level IV hospital, the fight against COVID-19 is currently faced with severe shortage of oxygen due to low supply occasioned by pending bills to the oxygen supplier BOC Kenya ltd.

Kitui county currently has no capacity to effectively treat COVID-19 patients as there are no ICU nor HDU units in place. The county is yet to acquire the requisite equipment for these units despite the county receiving the COVID-19 funds from the national government.

The contracted staff in the COVID-19 treatment centers and casuals have not been paid for the last four months. This is likely to lead to low staff morale and probable go-slows and industrial actions.

5.4. STALLED PROJECTS

In both facilities, there are several stalled projects which if completed could lead to improved quality of health care and also boost revenue generation for the health sector.

6.0. COMMITTEE'S RECOMMENDATIONS

The committee makes the following recommendations

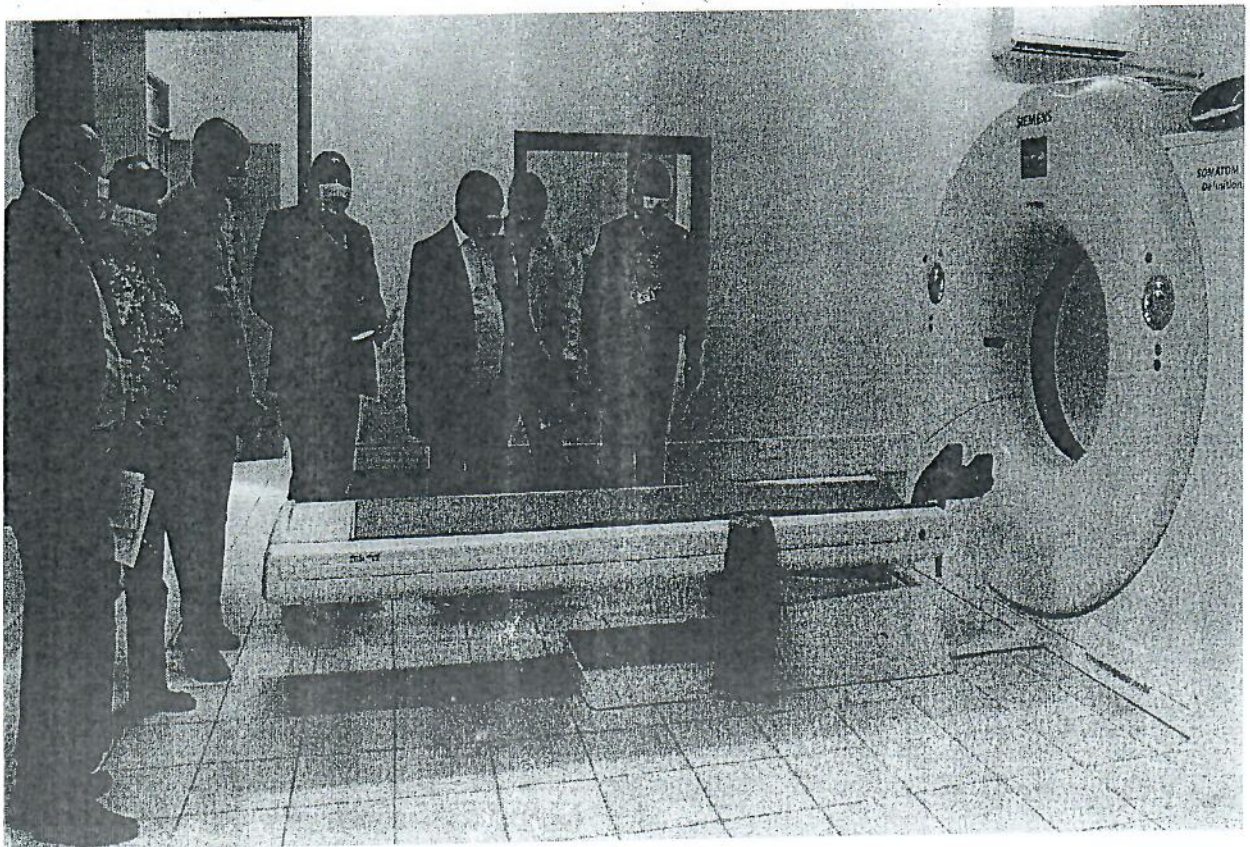
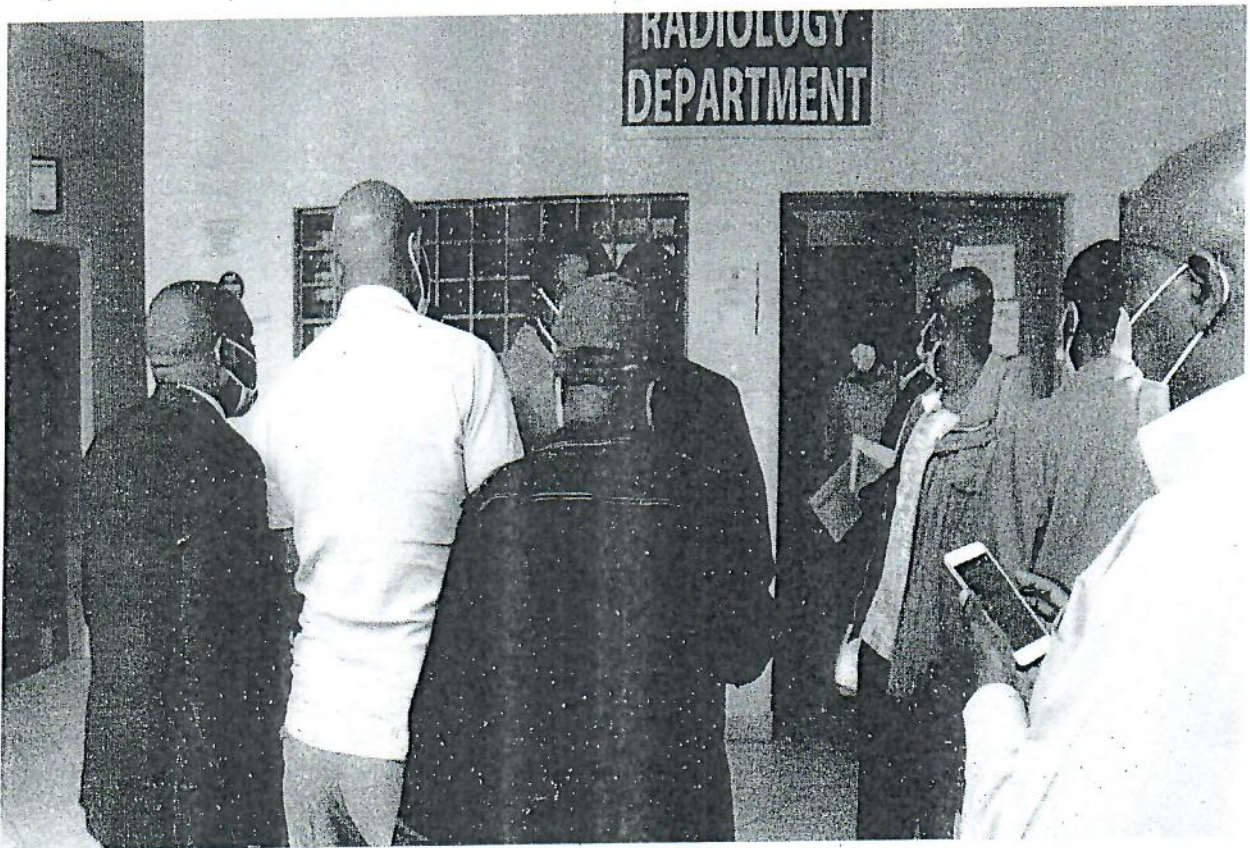
- i. The CHMT should come up with a clear/ elaborate drug procurement procedure for all health facilities to cure the current inconsistencies and delays experienced in the health sector.
- ii. Spacious drug stores should be constructed in the two leading health facilities i.e. KCRH and Mwingi level IV to hold buffer stocks in order to address the perennial stockouts.
- iii. Pending bills owed to the oxygen supplier BOC Kenya ltd. Should be cleared as a matter of urgency in order to allow further supplies of oxygen to the health facilities.
- iv. The county Ministry for Health and Sanitation Should fast track the renovations for the earmarked structure in Mwingi level IV hospital

- to pave way for the installation of the oxygen plant by the national government as this will cure the problem of oxygen shortage in all county health facilities.
- v. The county Ministry for Health and sanitation should move with speed to install ICU and HDU units in the two COVID-19 centers in KCRH and Mwingi level IV hospital to effectively treat COVID-19.
 - vi. First priority in projects funding in the current financial year must be given to the stalled projects in order to give value for money and also boost revenue generation especially from the amenity wards and dialysis.
 - vii. Contracted staff and casuals must be paid promptly without further delays as these funds are well factored in the annual budget.
 - viii. The committee on health and sanitation will not relent on her quest to ensure that the kitui citizenry get quality and affordable health care services for all.

PICTORIALS









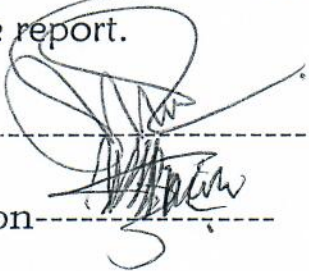
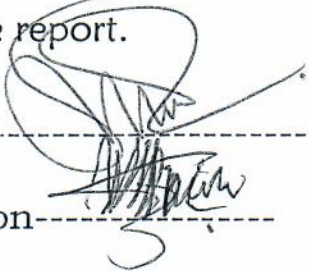


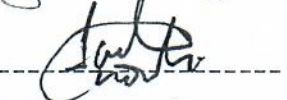

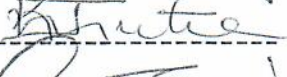
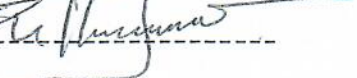








ADOPTION AND AUTHENTICATION

We the honorable members of the Committee on Health and Sanitation have pursuant to provisions of Standing order 206(4) adopted this report on Committees Response to the Public Outcry on shortage oxygen and general quality of health care services in County Referral Hospitals and affix our signatures to confirm our approval and authenticity of the report.

- 1) Hon. Philip M. Nguli Chairperson -----

- 2) Hon. Nicholas N. Mwalali Vice chairperson-----

- 3) Hon. Geoffrey M. Mwalimu Member-----

- 4) Hon. Elizabeth N. Peter Member-----

- 5) Hon. Anthony K. Mbiti Member-----

- 6) Hon. Stephen I. Katana Member-----

- 7) Hon. Anthony N. Mwanzia Member-----

- 8) Hon. Eliud M. Nding'uri Member-----

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