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# THE HANSARD

*Tuesday, 14th May, 2024*

*Assembly Building*

*The Assembly met at 2.30 p.m*

*[The Deputy Speaker (Hon. Lemantile) in the Chair]*

## PRAYER

## PAPERLAID

### REPORT OF DEPARTMENTAL COMMITTEE ON HEALTH SERVICE ON THE FACT FINDING VISIT TO HEALTH FACILITIES

**Hon. Nicholas Lorot (Burat):** Honorable Speaker, I beg to lay on the table, the report of Health Service Committee on the fact finding visit to health facilities.

*(Hon. Nicholas Lorot table the report)*

## MOTION

### DEBATE AND ADOPTION OF REPORT OF THE COMMITTEE ON HEALTH SERVICE ON THE FACT FINDING VISIT TO HEALTH FACILITIES

**Hon. Nicholas Lorot (Burat):** Honorable Speaker, this House adopts the report of Health Service Committee on the fact finding visit to health facilities, laid on the table on Tuesday 14<sup>th</sup> May 2024.

## COMMITTEE VISITATIONS

Hon. Speaker, the foundation of this fact-finding report rested on the expectation that the respondent would be accessible and willing to provide truthful information. Additionally, it was assumed that the census sampling would be ample enough to yield dependable findings on the status of health facilities within

the County. Committee visited Kinna health center, Garba Tulla level 4 hospital, Gafarsa health center, Badana dispensary, Sericho health Centre, Merti level 4 hospital, Saleti dispensary, Bulesa dispensary, Bisan Biliqo dispensary, Kipsing dispensary and Oldonyiro health Centre to gather information on various aspect affecting healthcare provisions in the County.

Hon. Speaker, Due to limited resources the committee did not visited all health facilities in the county. These health facilities include those in Ngaremara, Burat, Bulapesa and Wabera Ward.

The committee was guided by the following parameters in their assessment;

- Availability/supply of drugs.
- Staffing: - Permanent, Contract and Casuals.
- Facilities: - Equipment, laboratory reagent, wards (how adequately it is equipped and service availability).
- Nature and state of services offered.
- Availability of critical support services like water and power.
- Effectiveness of referrals.
- Staff welfare: - Training, promotion, remittance of statutory deduction.
- Status of facilities physical infrastructure maintenance and drainage.
- Number of incomplete and un- operational structure.

## COMMITTEE OBSERVATIONS AND FINDINGS

Hon. Speaker, the committee observations and findings scope, cover a number of angles in order to thoroughly examine the true status of the health facilities. The following are observations and finding of the committee.

### Availability/ supply of drugs

Hon. Speaker, members observed that drug supplies to health facilities are erratic, unpredictable and not according the orders requested by the head of the facilities. Most of the facilities the committee visited have been supplied with few essential

drugs. Specifically, infants/children drugs are very rare or not available in many health care units. Diabetes and high blood pressure patient's medications are available in selected facilities like Kinna, Garba Tulla, Sericho, Merti and Gafarsa.

Hon. Speaker, whenever the facilities are supplied with drugs, the supplies are never enough and not according to the request done by the facility in charge. Ideally drugs delivery is supposed to be done on quarterly basis (after every 3 months) but this interval was never observed, and some facilities might operate without drugs for almost three months.

Hon. Speaker, several times health care providers only offer consultation services and advice patients to purchase drugs from private pharmacies. All the facilities have the drawing right (request for drugs supply), but they do it through their respective Sub-Counties.

Staffing: - (Permanent, Contractual and Casuals)

Hon. Speaker, Committee members noted that there exists a disparity in numbers, cadres and distribution of health workforce in the County. For instance, the Garbatulla level 4 has only one medical officer and Merit level 4 hospitals have none. The doctor -population ratio is 1; 20,000. Understaffing was a common issue in all the visited facilities, and this has occasioned/resulted poor services delivery and fatigue among medical staff owing to long working hours.

These are the breakdown of number of the staffs per facilities-

Kina Health Center

The facility serves population of 8,500. Facilities have 22 staffs. These includes; Three clinical officers, Eight nurses, Two public health officers, Two laboratory technicians, One pharmacist and five non skill casuals. Casual are paid by facilities through grants donated by Danida.

Garbatulla Level 4 Hospital

This is the only hospital that serves three wards in Isiolo South Constituency.

Staffing

The facility lacks the ideal services and personnel needed at level four hospital, The facility has the following staffs; one medical officer, eight clinical officers, thirteen nurses, three nutritionists, three public health officers, two pharmacists, four laboratory technicians, two health record officers, two social workers ,one bio medical engineer.

The facilities don't offer the following services due to lack of specialists or personnel. No eye clinics, No dental services ,No radiology services, The facility is also served by Casual workers comprised security, cleaner, cooks contracted by county government.

#### Gafarsa Health Center:

The facility has six staff which comprises of: Clinical officer, Three (3) nurses, a lab technician, a community health assistant, Casuals which includes two (2) cleaners, two (2) security personnel which are paid through DANIDA fund. The facility lack pharmacist

#### Badan Dispensary

The facility is served by the following staffs; one nurse, 10 community health volunteers, one is attached to the facility. The facility also employed two casuals using Danida fund. These casuals didn't receive their payment for the last two years.

#### Sericho Health Centre

The facility was promoted to health Centre but lack staffing and another requirement to mean this status. The facility serves catchment population of 8500.The facility has the following staff: Four (4) nurses, One (1) lab technician, One (1) nutritionist engaged on contractual basis, One (1) public health Casuals which comprises of two (2) cleaners, two (2) security personnel and three (3) community health volunteers.

Casuals have not been paid for the last 6 months. These casuals are paid through DANIDA grants and Linda mama initiative which was initiated in 2022.Linda mama program didn't last long after initiation.

#### Saleti Dispensary

The committee visited the facility on 5th March 2023 at 9:00 a.m. but did not find any staff or community members at the facility.

#### Merti Level 4 Hospital

The Facility lack a medical doctor (Members were informed that the facility previously had two medical doctors who went for further studies).

However, the facility is served by the following staffs; 3 clinical officers, 10 nurses, 2 pharmacies, 3 laboratory technicians, 3 health records, 1 nutritionist and 1 hospital administrator. 13 casual workers paid through Danida funds while some are paid by facility. Members were informed that 7 members of the staff are employed by universal health coverage and their contract will run out in May, 2023.

#### Bulesa Dispensary

The facility has the following staff; Two (2) nurses' one under UHC, A lab technician, Two (2) subordinate staff employed by county government, Community extension officer (CHU) and community health assistant (CHA) paid by facility through DANIDA fund.

#### Bisan Biliqo Dispensary

The facility has the following staff; Two (2) nurses and one of them is contracted/engaged under universal health cover (UHC) and A community health assistant also engaged under UHC program.

#### Kipsing Dispensary

The facility has; one clinical officer, three (3) nurses, a lab technician engaged, (17) Community health volunteers who are paid stipend by NAWIRI. Casuals included two (2) security personnel, two (2) cleaners and a community health extension officer (CHU) paid through DANIDA support.

#### Oldonyiro Health Centre

The facility is served by the following staff; one clinical officer, three (3) nurses where one is contracted under UHC scheme, a lab technician, A public health

officer and community health extension officer (CHU). Casuals include; two (2) cleaners and two (2) security personnel paid by facility through DANIDA support.

Facilities: - Equipment, Laboratory Reagent, Wards and theatre

All the visited facilities were noted to have inadequate structures/equipment, laboratory services, lab reagents and wards. In Kinna health center, lab service is available but it only offered basic and rapid test. The center has no male and female wards, and the recently constructed by County Government in the financial 2021/2022 is not operational and general poor workmanship is cited for this, the facility have not been adequately equipped with beds and lacks maternity unit. Garba Tulla level 4 hospital: The laboratory service is available but only offer basic test. Consultation room for outpatient is small and congested, maternity ward is in place. The theatre is not operational because of lack of specialized personnel. Although the status of the facility is level 4 hospitals it lacks services like Ear-nose-throat (ENT), Radiology, Plastering room and mortuary services. The hospital also lacks standard fence. Gafarsa dispensary: The facility has no lab service except for rapid test like malaria, blood pressure and HIV done by clinical officer or nurse. The maternity room is available but lacks male and female wards, the facility lack fence. Badana dispensary: No laboratory service, no general ward, no maternity, the delivery room has 2 beds but has been infested by bats and very dirty. There are cases of waterborne diseases like typhoid. Cases of malnutrition is also high among children under five years, previously Action for Hunger (ACF) supply with nutritional supplements for malnourished but not sufficient. Sericho health Centre: Laboratory services are available but only for basic tests like malaria and urinalysis. General wards not properly maintained, doors have been damaged by termites and ward ceiling is in a bad state. The said wards have 10 beds which are not enough, hence patients do not prefer to be admitted in this ward due to lack of personnel and food. Facility's fence is also extensively damaged and dilapidated. Saleti dispensary: Has no lab services, inpatient ward, maternity unit has one bed and it's not in use owing to lack of requisite hygiene maintenance and facility's ceiling is worn out and infested with bats. Merti level 4 hospital: Laboratory service is only for routine checks; it lacks reagent for urinalysis and the space/room is small. The facility has four wards with 96 bed capacity but only 2 wards are equipped with 24 beds for both maternity and general wards. Facility's surgical theatre is not operational due to lack of specialists/personnel. There is no

radio imaging, dental and ear nose and throat (ENT) services. Bulesa Dispensary: Basic laboratory reagents like Brucella, UTI/urinalysis, Malaria and HIV are available but the laboratory room doubles up as maternity unit and the facility lacks ward. Bisan Biliqo dispensary: Laboratory unit is in place but there is no personnel and construction of facility's ward is ongoing funded by the world bank. However, maternity unit is in place and operational. Kipsing dispensary: laboratory services are available and reagents are in stock but only basic tests are offered. HIV tests are carried out at the facility mainly targeting pregnant and lactating mothers due to insufficient testing kits. Maternity is operational and has 2 beds; 1 bed is for post-natal care. Oldonyiro health center: laboratory reagents are available, basic test like malaria; STI, Typhoid, urinalysis, TB and HIV diagnostic tests are conducted at this facility. This facility has operational maternity wing with 2 beds but there is no general ward. Pediatric ward constructed in 2018/2019 financial year funded by a partner called Philip is also not operational due to lack of water, electricity and beds.

### **Nature of Services offered.**

The following services are offered in these facilities; Kinna health Centre: offers, outpatient, Laboratory, T.B clinic, maternity, mother child health and family planning service. Garba Tulla level 4 hospital: outpatient services, Gafarsa health Centre: outpatient, family planning, Sericho Health center: outpatient, laboratory, maternity and family planning services, Saleti dispensary: outpatient, and family planning services, Merti Level 4 Hospital: Outpatient, Laboratory, in-patient, family planning, outreach program (on nutrition) services, Bulesa Dispensary: outpatient, laboratory, and maternity services, Bisan Biliqo dispensary: outpatient, immunization, antenatal care, maternity, cervical cancer screening and nutritional services, Kipsing dispensary: antenatal care, curative, health education, family planning, postnatal, maternity care and HTC services, Oldonyiro health center: antenatal, immunization, health education, TB diagnosis, family planning, postnatal, maternity, outpatient and laboratory services.

### **Referrals system**

Isiolo County heavily dependent on referral services for specialized care. Besides the semi-functional county Referral system, advancing referral services has been

an uphill task for the County Government due to the poor road infrastructure, long distances travelled to reach the County Teaching and referral Hospital and erratic operation and maintenance of ambulatory services.

Committee members learnt that Garbatulla Sub- County have only one functional ambulance that serves the entire vast areas of Garbatulla ward, Sericho ward and Kina ward.

Moreover, Merti and Oldonyiro sub counties also lack readily available ambulances. The referral services available are irregular and erratic, the ambulances frequently breakdown or lack fuel. Members were informed that patients sometimes depend on well-wishers like Northern Rangelands Trust (NRT) vehicles, police van or pay for their referral expenses.

### **Staff welfare**

Hon. Speaker, staff welfare is very critical factor and important for quality service delivery to the public. These services if inadequate, will negatively impact on the performance of service delivery in the public sector. Hon. Speaker, McGuire and McDonnell (2008) suggested that the employee welfare facilities help significantly in enhancing the self-confidence and intellectual level of an employee. This will eventually increase employee productivity in the workplace leading to improved motivation making the employee to take on more challenging tasks and responsibilities.

From the field visit committee members find out that staffs in our health sectors are faced with numerous challenges like poor working conditions, long working hours, lack of promotions and designation, lack of remittance of their statutory deductions, poor medical schemes and delay of payment of allowances for those staff who accompanied patient for the referral.

Members learnt that most rural health facilities are served by staffs employed through universal health coverage whose contracts are running out in May, 2023. These staffs are in state of dilemma and committee members are in full of doubt whether these staff will offer effective services to the community.



However, committee members observed that staff at these health facilities has received adequate trainings through the support of donors and other non-governmental organizations like Nawiri.

Status of physical healthcare infrastructures – (building, drainages, water system and electricity)

Hon. Speaker, there is certainly strong suggestive evidence that infrastructure plays an important role in improving the quality of health services. It contributes to the quality and quantity of health services across the Country.

From the field visit committee members observed that most of the health facilities infrastructures are old, dilapidated and furnished with old tables and chairs. Almost in all facilities there are a room which lacks windows, doors and roof ceilings.

Committee members also observed that most rural facilities are not connected to electricity. Electricity ensures efficient functioning of medical fridges which store vaccines. The only facilities which are connected to electricity include, Merti, Garbatulla level hospital and Kina health center. Other facilities use solar system which are not stable due to lack of services.

Committee members also learnt that most health facilities lack own source of water or not connected to water supplies. Only Merti level four Hospital, Garbatulla level 4 hospital and Kina health center is connected to water supplies. The rest of the facilities depend on harvested rain water or neighboring community water sources. This lack of water disrupts essential services like maternity.

Committee members also observed that most facilities lack drainage system.

Number of incomplete and non-operational structure; in Kinna designated wards i.e. two (2) wards are not in use due to poor structural workmanship and lack of equipment. It was however noted that there is ongoing construction of a building by National Centre for Infectious diseases (NCI) at this facility. Garba Tulla level 4 hospital; three (3) designated wards are not operational due to lack of beds. Sericho health center: two (2) designated wards are not operational due to missing doors, damaged ceiling, not furnished with beds and poor wiring system. Merti level 4 hospital: two (2) wards are not operational due to lack of beds. Bisan Biliqo dispensary: there is an ongoing construction of pediatric ward, male and female

general wards funded by the World Bank. For the rest of the facilities the team visited there were no incomplete or nonoperational structures.

The Committee also made some observations which were not in the guiding parameters during the field visit. None of the facilities visited had oxygen plant except Garba Tulla level 4 hospital and Merti level 4 hospital which had gas cylinder which is filled at Isiolo referral hospital. None of the facilities had mortuary. If the existing theatre facilities at the two level 4 hospitals (Merti and Garba Tulla) are operationalized referrals to Isiolo County Teaching and referral hospital will be reduce drastically. The services and operations offered at two level four hospital (Merti and Garbatulla) are similar to that rendered at health centers, and the services offered at health centers like Kinna, Sericho and Oldonyiro are similar to that of a dispensary. The reason for this poor standard of services is largely as a result of specialist required, inadequate drugs, lack of equipment and other essential auxiliary services. Highly Populated town like Kinna, Oldonyiro, Sericho, Garbatulla and Merti have no dumpsite and there are no town cleaners thus hips of litters all over the places. There is also no slaughter house facility in the said big Centre's except for Merti which has a substandard private slaughter house with no proper waste disposal system and infrastructure. None of the visited health facilities had disposal mechanism of expired drugs in place, and in some health facilities the expired drugs are stored in a room awaiting collection by personnel from Isiolo county teaching and referral hospital for disposal.

### **Visit to Isiolo County Teaching and Referral hospital, session with County Executive Committee Members on Health Service with his team.**

#### **Presentation by County Executive Committee Member**

He informed the committee members that Isiolo County Teaching and Referral Hospital was built in 1989 and it has recently promoted to level 5 hospital. He stated that the Kenya Practitioners and dentist board has done comprehensive inspections of the hospital facilities and confirmed that the facility meets criteria to be promoted to the level 5 hospital. However, he reiterated that the facility needs to add extra theatres and upgrade its equipment to completely fulfill the requirement to be promoted.

He also stated that currently the Isiolo County Teaching and Referral Hospital are using telemedicine technology and this had reduced number of referrals from other facilities within the county.

He further told the committee members that the hospital has almost all required specialists apart from psychiatrist and cardiologist but he emphasized that these specialists are only one in all department and they seldom go on the annual leave.

He also narrated to members that shortage of the staffs is serious impediment to the services delivery within the county. For examples most dispensaries have only one nurse.

He told committee members that drug shortages are the litany of the day in all health facilities within the county. This has been caused by erratic supplies of the drugs by Kenya medical supply agency (KEMSA). He further informed members that when the facilities request for hundred percent of what it requires KEMSA only supplies fifty percent of what ordered by the facilities.

He also stated that referral system is another insurmountable challenge encountered by the department of health services. Frequent breakdown of ambulances, payment for the allowances of the referral staffs and fuel for the ambulances has tormented residents and staffs at the facilities.

He further informed committee members that the county government has signed memorandum of understanding with Northern rangeland trust (NRT) to airlift a case of health emergencies during the rainy season.

## **Committee Recommendations**

### **Kinna health center**

- a) Upgrading of Kinna health Centre to level 4 hospital because of the population it serves.
- b) Construction of separate consultation rooms for TB and HIV patients at Kinna health Centre to avoid exposing HIV patients with already compromised immune to potential TB infection. The facility currently utilizes the same consultation room/space for both set of patients.

- c) Consultation, laboratory, pharmacy and maternity spaces are small hence there is need for construction of new facilities/units for these services.
- d) Recruitment of personnel including medical officer, clinical officers, nurses, nutritionists and lab technicians.
- e) Construction of staff quarters for the staff.
- f) Building of incinerator for the facility, Provision of ambulance for the effective referral, the county government should ensure transparent promotion of the facility staff, timely remittance of statutory reduction; provide comprehensive medical cover and timely reimbursement of allowances for the staff.

#### **Garba Tulla level 4 hospital**

- a) Administration block is small and members of staff are forced to share house. So, there is need for construction of new administration block and at least new housing units for the staff.
- b) Only one ambulance serves the entire sub - county, to address this issue county government should urgently provide at least 3 more ambulances.
- c) The hospital also lacks water storage tanks and plumbing system. The delivery room is lacking the hygiene level required. It is therefore in light of the highlighted set of challenges that committee recommends construction of a storage tank and connection of water to the delivery room.
- d) Construction of new sanitation facility to serve members of staff and patients is urgently recommended.
- e) The County Government should ensure quick operationalization of the theatre and radiology section by availing skilled employees.
- f) The County Government should furnish laboratory section with biochemistry machines, blood bank and ensure regular maintenance of already available equipment.
- g) The county government should immediately absorb universal health coverage staff to avert health crises.
- h) The County Government should prioritize facelifts of hospital buildings, plumbing and electrical services.
- i) The county government should ensure transparent promotion of the facility staff, timely remittance of statutory reduction; provide comprehensive medical cover and timely reimbursement of allowances for the staff.

### **Gafarsa Health Centre;**

- a) Installation of solar power system with adequate capacity to serve the facility effectively.
- b) Construction of sanitation facility should be prioritized.
- c) The facility need fence to avoid public from encroaching into the facility compound.
- d) Facelift of the facility buildings.
- e) The facility lack pharmacist, nutritionist and public health officer. The county government should avail these officers for effective service delivery.
- f) The county government should ensure transparent promotion of the facility staff, timely remittance of statutory reduction; provide comprehensive medical cover and timely reimbursement of allowances for the staff.

### **Badana Dispensary**

- a) This facility is acutely understaffed, it has only one nurse and other critical personnel like clinical officer, nutritionist, pharmacist and laboratory technician are available. To improve service delivery these personnel, have to be recruited as a matter of priority.
- b) Critical facilities like wards for both male and female should to be constructed and adequate drugs to be supplied and a maternity unit provided.
- c) Casual employees at the facility have not received their dues for the past 2 years enhance there is urgent need to make their payment.
- d) The facility should be connected to water and solar power system should be installed to ensure standard service delivery.
- e) The County government should ensure transparent promotion of the facility staff, timely remittance of statutory reduction; provide comprehensive medical cover and timely reimbursement of allowances for the staff.

### **Sericho Health Centre**

- a) The facility services and personnel should match the status of health center.
- b) Facility's drug supply cycle needs to be streamlined or improved.
- c) Facelifts of general wards and provision of the right equipment needed at the health center.

- d) The facility should be upgraded to level 4 hospital since its located at the furthest end of Isiolo County. This will reduce the cost of the referral.
- e) The facility should be provided with one ambulance to ensure effective referral.
- f) Fast truck payment of casual employees. These casual employees did not receive their dues for almost one and half year.
- g) The county government should immediately absorb universal health coverage staff to avert health crises.
- h) The county government should ensure transparent promotion of the facility staff, timely remittance of statutory reduction; provide comprehensive medical cover and timely reimbursement of allowances for the staff.

### **Merti Level 4 Hospital**

- a) Drugs to be supplied on time and it should be enough and according to request made by those in charge of the facility.
- b) The 2 wards with capacity of 72 beds are furnished with requisite equipment.
- c) Personnel and equipment needed for the operationalizing of the theatre should be availed. This will minimize referral.
- d) Refrigeration facility for storing highly sensitive drugs should be put in place.
- e) Construction of new born infants' unit fully furnished with requisite equipment is needed at the facility
- f) A blood bank facility at the hospital should be given priority because the hospital served as referral for both Chari and Cherab ward.
- g) Measures and mechanism for disposal of expired drugs needs to be instituted put in place to address current trend of transporting expired drugs back to Isiolo county referral hospital for disposal.

In addition, the facility needs intervention in the following sectors to improve service delivery:

- a) Installation of oxygen plant, 3 phase electricity transformers, x-ray, ultra sound and theatre facilities.

- b) Laundry/washing machine for maternity/delivery unit, construction of mortuary, clearing of invasive Mathenge trees and water pipeline installation.
- c) Lastly, fast track promotion and or posting of more personnel, and staff under universal health cover (UHC) whose contract is set to expire in May 2023 should be considered for engagement on permanent basis.
- d) The facility should offer the services which is supposed to be offered by the level 4 hospital, currently it offers services offered by health Centre,

### **Bulesa Dispensary**

- a) Drug supply should be on schedule and of sufficient quantity, and according to requisition as per the facility in charge.
- b) There is need for more personnel like; nurses, a laboratory technician, a pharmacist and a nutritionist to the dispensary.
- c) There is also need for construction of physical facilities like wards, maternity, staff houses, laboratory space and incinerator.
- d) Employment of nurse on permanent and pensionable term who are currently contracted under universal health Centre (UHC) whose contract will expire in May 2023

### **Bisan Biliqo Dispensary**

- a) The drugs supply should be sufficient and as per the request of facility in charge and to be supplied on schedule.
- b) The understaffing issue should address by the county government soonest possible.
- c) The facility lack laboratory technician, a pharmacist and nutritionist, for effective services to the community there is need of employing the above staff.
- d) Lastly, shallow well at the facility should be equip with water pump and pipeline system to be place to enable the facility access water.

### **Kipsing Dispensary**

- a) Drugs supplied should be sufficient and of appropriate variety and on schedule.

- b) Employment of additional personnel like a pharmacist, nutritionist and laboratory technician to improve quality of services offered at the facility.
- c) Enhancement of existing solar and water system at the facility to improve service delivery
- d) Furnishing staff houses. This will ease access to the facility by staff at nights. The staff are not living within the facility thus it's hard for them to offer services at night.
- e) There is need for restoration of facility's damaged fence.
- f) Provision of ambulance services is of paramount importance, so as to address challenge of referral at the facility.

### **Oldonyiro Health Centre**

- a) There is need for supply of sufficient drugs for smooth running of the facility
- b) There is also need for employment of staff like nurses, pharmacist, and nutritionist among others to improve service delivery and reduce fatigue among few staff.
- c) Facility should be connected to a reliable water supply and committee proposed sinking of borehole for the facility,
- d) Rehabilitation of physical facilities like wards, maternity unit and damaged fence should be done.

### **Isiolo County Teaching and Referral Hospital**

- a) Urgent improvement of the mortuary status.
- b) Reliable referral system should be put in place.
- c) Stable drug supply system should be established.
- d) Hasten construction of the emergency and accident center.
- e) Urgent recruitment of health care staffs.
- f) Face lifting of the facility infrastructure.
- g) The county executive should come up with law which permits Isiolo county Teaching and referral hospital to manage their monies allocated in the county Budget. The bureaucracy to get resources from county treasury is tiresome and sometime futile.



**Conclusion:**

Hon. Speaker, availability and comprehensives of health services offered at a health facility is critical in realizing quality and dependable health care, as observed and recommended by committee this depend on the number and quality of health workers, infrastructure, equipment's, financial resources, proper referral system, proper management structure and political good will. It's the belief of this committee that the dream of sustainable and dependable health care system will be achieved once the recommendations in this report are hastily implemented.

**Hon. Francisco Letimalo (Nominated):** Honorable Speaker, I rise to second and also say something little about the report. To me the report is fantastic. It has been written in a very nice language very understandable and I think the Clerk took time to write this report which is beautiful that what I can say.

**Hon. Deputy Speaker:** Not the Clerk, the Committee.

**Hon. Francisco Letimalo (Nominated):** It is the Clerk who compiles the report.

**Hon. Deputy Speaker:** It is the Committee who compile the report that is why you signed.

**Hon. Francisco Letimalo (Nominated):** Okay, I agree with that. What I wanted to add is that the other time we had a meeting with Executive team of health here and through our deliberations we planned to meet the CEC for Finance and we were not able to do that because it shows that it is the finance department that is failing us here. There are so many issues which the report has actually brought up. We know also in this House we had planned also to have an Implementation Committee, which we have not established so far. I know that this report will be taken maybe to the Executive and after that it will be shelved. Having in mind all the problems which have been said here. So is there any need if I may ask, what will be the issue if this report is not implemented and what we are seeing there is a lot of issues mentioned here. So we wanted to meet with CEC for Finance actually for him to tell us what he has for this Ministry. What we know is that this Ministry is the highest funded in this County, almost one point three or one point four billion and yet we are seeing all these problems. Staffs are not enumerated, UHC staff I don't know if they are in payroll or not and so many other things;

dispensaries nurses are not there, when nurses go on leave there are no others to replace them and so many problems which have been said here. We did not have time to see the CEC for Finance and mine is that we make recommendation that we set a date to meet with the CEC for Finance for him to give us a brief on what is happening for the funding of Health Sector in this County. Because it shows that if nothing is implemented very soon, health service is going to run out in this County. I don't know how we will make a date with the CEC for Finance, for him to actually tell us more about the funding of health services in this County. What we are getting from this report is that most of the time clerks are not available and when they are there they are in a short period and then patient or sick people are requested to go and buy drugs in the chemist or something like that and sectors that have no chemist like Oldonyiro, Saleti and all other places; What will happen to those sick people in those areas? The other issue is that of ambulance; when we visited these places we were told that there is only one ambulance operating in Garbatulla and Merti , there is one I think in Isiolo here or two , there is one ambulance in Oldonyiro area those side, I think there are two ambulances which are not working stationed in Kipsing. All these problems I think the health department needs to be, I really don't know what the problem is but there is a lot of problem in this Ministry and urgent measures need to be taken to rescue this Ministry. Otherwise, things are not going on well in the department. I think that is all what I had Honorable Speaker and I hope my colleagues whom we were with can also assist in what I have not mentioned. Thank you.

*(Question Proposed)*

**Hon. David Waithaka** (Bulapesa): Thank you Honorable Speaker for giving me this chance to contribute to this Motion. First, let me say that the Committee did wonderful job, congratulations. Whoever sat in that Committee, it was a job well done. Am also surprised that my fellow Members who were just here have left and we have a lot of shortages of things that are not working in their area, am really shocked to hear that a level four hospital, like Merti don't have a doctor. It is a shame and I believe you remember when we were in Mombasa, a mother died because there was no doctor to do a simple operation, cesarean operation. The mother you remember, there were no ambulances even to bring her to Isiolo level 4 hospital. You know level four hospitals is a big hospital, and even in Garbatulla there is only one doctor; I was asking myself when he gets to retire what happens

to the sick. This one is very bad. I had an opportunity of looking at the establishment of doctors, in Isiolo we have almost thirty doctors and if they are not distributed evenly in our areas and that's why Honorable Members in our areas need to campaign seriously that doctors be taken there. Because the time I went there to the hospital there were some Members, sometime we went to the hospital for fact finding we were told that the doctors have gone for further studies. I was asking myself the management should know should not give everybody leeway to go out and study; you know you do it in bunches not giving everybody opportunity and running away from treating our people. That is a bad way of management and that one should be looked into because we cannot be paying doctors who majority of them are out. For sure I want people to study to be specialist but the moment even when they come will they have to serve this County or they will just go for greener pasture and that is hard questions we need to ask ourselves. I am also shocked to learn that a health center like Sericho has got no clinical officer and the nurses that are there are very few they are three and you are calling it a health center. And even they are no Government officers, the ones employed by universal health care, it is wrong. We need to look at that one seriously to give our people better lives. Oldonyiro we have a very old health center for many years it needs to be upgraded now even to a level four hospital because there are people there and also where I come from the Committee was very unfair although after doing a very good job, was very unfair to Bulapesa where I come from. Bulapesa after general hospital is the other facility that receives most of the patients. We have a health center that is over congested; we are talking of even making it a level four hospital. But even the Maternity that was built there it was not used because of poor workmanship like what I have heard even in the other health centers. I think we have a problem with the people that we give to do our work; their workmanship needs a lot to be decided because the moment that building was handed over, I don't even know we have structural engineers, quantity surveyors I don't even know how they handed over, how they managed to pay those people because that thing was not used, millions of money was spent but our people did not get the service they really require. We need to look into that and people need to be punished if they can pass something, give clean record that that building has been built properly and people are paid and the work that is done there is shoddy, I think we should have some sanction on such officers. It is my prayer also that Bulapesa be made a level four hospital because the people that we serve in fact if you look

at General hospital they serve over four hundred people even per day in Bulapesa, you can imagine the thing that people are really worried about is the release on drugs. There are no drugs people are referred to chemist; Even if the Committee wants to call the CEC for Finance we also need to know what the Department of Medical Services is doing with what we are giving them. Do we get value for money; that is something that needs to be looked into seriously. Mr. Speaker, I think that one is going to all of us Members. I saw Members wanting us to go through the list so fast without even knowing whatever we were to discuss it is not right and we said the other time that if there is anything it should be given to us more than twenty four hours so that we can also read this thing and do our research, so that we can enrich even our contribution in this House. So, I beg again in this House Members let us be serious because any contribution we make in this House, is it beneficial to our people? We are not here only to be seen to just come here and walk out; I think that one is not right. I believe we need to serve our people with seriousness that it deserves. Thank you very much, Mr. Speaker, for giving me this chance to air my sentiment and may God bless our people of Isiolo and may we give them the best service that we can because once God will ask us, I gave you a chance to serve in Isiolo County Assembly, what did you do for the people? Thank you Mr. Speaker Sir.

**Hon. Abdirashid Diba** (Garbatulla): Thank you Mr. Speaker, I think the purpose of the report is not actually right. The reason why I have said so Mr. Speaker the report has stayed or stalled for a very long period. It is a very dry report; it should be tabled before the House at the right time. I don't know whether they captured the time that they were given the task to go and do the report, I think it was on Thursday 13th October, 2023 we are now in 2024.

**Hon. David Waithaka** (Bulapesa): Point of order Mr. Speaker.

**Hon. Deputy Speaker:** What is your point of order?

**Hon. David Waithaka** (Bulapesa): Mr. Speaker, the point of order I think we were in this House this report we were to table it here and whatever it was highlighting the Honorable Speaker said that it should not come to this House. So, we should not blame the Committee it was to be brought to this House and in fact it was brought and it was withdrawn so we cannot blame the Committee.

**Hon. Deputy Speaker:** I believe the Leader of Majority is just trying to talk about the delay of report, he is not saying the report should not be here.

**Hon. Abdirashid Diba (Garbatulla):** I think Mr. Speaker, you should restrain the anxiety of some Members, and they should give us an ample time so that we can make our contribution. It is not that we will contribute under mercy of any Member, if you think that whatever a Member is contributing is not right, you must keep quiet or just walk out. Thank you, Mr. Speaker for your protection. It is the time they are given on this report they should work on. It must be 13th October, 2023. It is one and half year report. When Members are given a chance to go and do reporting on anything, they should work within a timeframe which is sufficient for Members to interact with and it must be useful to the people of Isiolo County. Number two, the report is not conclusive and of course a number of wards have not been visited by the Committee and I have not seen where they captured that they lacked four specific wards that are Wabera, Bulapesa, Burat and Ngaremara. I want to inquire through the Honorable Speaker, if may be the Mover of the report thinks that the report is conclusive or not. Mr. Speaker, on the issue raised by Honorable Hajji Letimalo, each Committee has its own mandate and it must work within its mandate. For the Health Committee to summon a CEC for Finance as the Chair of the Budget Committee is not right and if there is any summon to the CEC Finance it has to be made through the Committee of Budget Finance and Appropriation and if they want to enquire about the expenditure of the department of Health, each sector has an accounting officer who is mandated to furnish the report to the Committee. Another issue is that he boldly said that they are given around 1.3 or 1.4 billion. I know resources are not enough maybe running operations of a vast County such as Isiolo is a challenge and we gave priorities to resources that we have to the department like health which is not sufficient but it will be adequate for them to do what they are supposed to do. Some of the health facilities are not registered, they are only operating in vacuum. In their report i have not clearly seen where they address that kind of an issue. Lastly, Mr. Speaker Sir, when you go to the recommendation of the Committee the Mover enumerated those health facilities; I don't know whether it is deliberate or by default that he forgot to include Garbatulla level 4 hospital in this report. That is at the tail end of the report that is Committee recommendation. The Garbatulla level four hospitals is it in good condition or not? Let the Mover address those pertinent issues that I have

raised. Lastly, Mr. Speaker Sir, we know that the resources that we have both monetary and human resource that we have at the health facilities and level four hospital is not sufficient. But by the time we visited those dispensaries it is very disappointing to report that some of the nurses went for training that is being conducted by NGO'S. We are complaining in this report that we have very few human resource at those dispensaries. They are paid , they are on our payroll, we give them allowances and salaries but a single Nurse maybe stationed in Badangolla, if there is need for a training that arise in that area he prefers to go for that training and leave the people of Badangolla in a situation that is dire. Those people are being put on a payroll to take care of our sick mothers, children at the ward level. There is need for stringent measures to be put in place in as much as we want some of the staff to be added in those dispensaries. Thank you Mr. Speaker Sir.

**Hon. Deputy Speaker:** I think the Mover you have some questions you have to answer. The delay of the report that is one question, The other thing you have given a report for six wards instead of ten wards and this is as per the letter you addressed as the Chair you requested to go visit all health facilities in this County and I believe the County has ten wards so there was a report of four wards, you can still tell this Committee whether the four wards are in better position or they are a bit far that you cannot manage to reach because what you indicated here due to the limited resources the Committee did not visit all health facilities in the County. These health facilities include those in Ngaremara, Burat, Bulapesa and Wabera and I believe the office had facilitated you as a Committee fully, so you will tell us much on that. That is the second question and the third one is now the recommendation. When you gave the recommendation you elaborated much on the dispensaries. What am seeing is that one is from one Sericho health center to level four Bulesa, Bisan Biliko, Kipsing, Oldonyiro, Isiolo County Teaching and Referral hospital. So you can also as Member for Garbatulla had requested to know, if you give this recommendation, what is supposed to be done to improve what we have seen maybe missing. I think if you say Garbatulla is missing, he needs also to understand if it is in a good position or maybe you left it behind with a reason. Thank you. So, you as a Chair and maybe if you need any Member to assist you to answer those questions.

**Hon. Nicholas Lorot (Burat):** Thank you Mr. Speaker, anyway I am new to this Committee.

**Hon. Deputy Speaker:** You need to withdraw that, no Member who is new to this Committee to make things worse you came with a report and you are conversant with it

**Hon. Nicholas Lorot (Burat):** I will give my colleague to answer those questions that have been raised by Majority Leader, Hon. Letimalo.

**Hon. Francisco Letimalo (Nominated):** Thank you Honorable Speaker. I think the Member was not in the Committee by that time when we did the visit but Hon. Gira was a Member, I don't know why he is really trying to put up some questions which he knows he is very sure... (*Laughter*)...we did the visit with him. To answer the first question is that why we never visited these other places. Actually the funding which we were given was for the far fetched areas and we had put these other areas for the phase two; so we still have plans to visit these other...

**Hon. Deputy Speaker:** Order! Honorable Member, I think the letter that is in the Speaker's office is very clear, that you were to take survey for the whole County. And I think what you require for the facilitation is the days that you indicated that you will go for the whole County is indicated and paid for so just say there is some other reasons.

**Hon. Francisco Letimalo (Nominated):** I think the area is so vast and the given days were not enough so we planned to undertake these other areas in the second phase, because these are closer areas we found that the days were not enough. So we decided that for close areas near we saw we better put that for the second phase. So, we actually have agreed that with the Speaker. Actually we plan to visit those areas, maybe this month we will be able to visit the areas which we have not visited.

**Hon. Deputy Speaker:** So, the report is not complete in other words?

**Hon. Francisco Letimalo (Nominated):** Mr. Speaker, I agree with that the report is not complete.

**Hon. Nicholas Lorot (Burat):** Mr. Speaker, six wards are covered already and I think the remaining four wards will be separate.

*(Consultation)*

**Hon. Deputy Speaker:** Okay, I agree and we have the communication that the report for the six wards is complete, the remaining two wards you are still to go and bring the same report, you know this was like a sampling issue. So, Continue.

**Hon. Francisco Letimalo (Nominated):** Thank you Honorable Speaker. I think for the omission of the Garbatulla issues which was not put in the report; I think we forgot it and we shall put it in the next report when we are compiling the other four. We still have it and we will put it in this other one. The third one Mr. Speaker, can you remind me of the third question?

**Hon. Deputy Speaker:** That's the third one.

**Hon. Francisco Letimalo (Nominated):** Thank you, Mr. Speaker Sir.

**Hon. Rahima Abdikadir (Nominated):** Thank you Mr. Speaker Sir. I think the Members have really ventilated on the report, it was a very nice captured report. I don't know whether am right but I wanted to ask something because we have deliberated on so many reports from various Committee in this House but am a bit paranoid because the good recommendations from the Committees, I don't know whether it goes through, because the recommendations are given by the Committees the site visit and everything is given by the Committees but Mr. Speaker Sir, I don't know whether we really follow and actually actualize the recommendations given by the Committees. Am very skeptical about this because some sectors are very critical. Mr. Speaker Sir, health sector is very critical; the recommendations given by the Committee should be followed bit by bit. I don't know how assured are we that the recommendations are going to be taken care of, that's one. And if I can take the House back, I don't know if the Honorable Members can remember there was a Motion brought to the House by Majority Leader one time, about the recruitment of locals and some people do not even go to their sites the moment they are employed. I think all this speaks to the same report; because the report talks about some areas they have gone to and they have missed some staffs they are not in those facilities. I think all these issues boils down to the



same report that the Majority Leader brought to the House one time. If we employ people from other Counties, I think even Devolution has talked about the seventy-thirty employment and this critical sectors like health because our places are very remote and people from down Counties it is very hard for them to stay in our places. Mr. Speaker Sir, I think why we miss people from our facilities, is because of the harsh localities and if you employ people from that area it is critical they stay in those places. The other concern I have is about staff bonding Mr. Speaker Sir. The report talks about some medical officers given leave to go and do further studies, what elaborate measures have they put in place so that when they go for further studies, is it elaborate that when they come back they are supposed to do one, two, three. So these are my concerns Mr. Speaker Sir. Other issue involve hospital administration, how do they administer? How do they do the HR issues? Because some things don't require resources but administration can do something to keep the place safe for everybody because it's a very critical sector. Thank you Mr. Speaker Sir.

*(Consultation)*

**Hon. Deputy Speaker:** Thank you. I think the Member has said something and maybe I can read the Standing Order 186 we can go through it “Within sixty days of a resolution of the Assembly or adoption of a report of a Select Committee, the relevant Executive Committee Member under whose portfolio the implementation of the resolution falls, shall provide a report to the relevant Committee of the Assembly in accordance with Article 183(3) of the Constitution.”

So when you're done with this report it reaches the office of the CEC, that is exactly the mandate of the CEC to ensure to write back the response of the same. *Hapo tumeelewana?* If you go to Standing Order 194, you can still go down to what we call the function of the Committee. You can still look at it and see. It states Standing Order 194 (g) Make reports and recommendations to the Assembly as often as possible, including recommendation of proposed legislation, (h) Scrutinize whether resolutions/legislation passed by the Assembly have been implemented/operationalize and recommend sanctions against any Member of County Executive Committee who fails to report implementation status without justifiable reasons. So, it is still the work of the Committee to ensure that the report

they have given to the relevant department, they still do a follow up. In the Standing Orders we have seen that one gives you the right to follow your report to ensure it is implemented or not while first of all you must get the same report from the Executive to confirm to you they received your report and this is now their report which should be honored. They can go against it maybe if some issues are here reporting on the implementation of the same of what you have given as a recommendation. So, we still have a mandate as a Committee to ensure what we passed in the House is implemented, also do a follow up for implementation purposes. It is not the Speaker or the Clerk it is the Committee to ensure what they have signed is implemented. So, whether we have a Committee for Implementation, the same Committee takes the role to ensure what we pass in this House is being implemented by the aligned Ministry. Thank you,

Next order!

**Hon. Deputy Speaker:** So, I put the question that this House adopts the report of Health Service Committee on the fact finding visit to health facilities, laid on the table on Tuesday 14th May, 2024.

*(Question Put and Agreed to)*

### **ADJOURNMENT**

**Hon. Deputy Speaker:** Hon. Members, I think we have resumed the House; I believe and request tomorrow we have the House in the morning, please let us attend. Thank you. The House stands adjourned until tomorrow Wednesday 15<sup>th</sup> May, 2024 at 9.00 a.m.

The House rose at 4.10 p.m.