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THE SENATE

THE STANDING COMMITTEE ON HEALTH

REPORT ON THE INSPECTION TOUR OF COUNTY REFERRAL  
HOSPITALS IN VIHIGA AND KISUMU COUNTIES

② Hon. Speaker  
You may approve for  
tabling. 21/5/24

Approved.  
21.05.2024.  
DSS

PAPERS LAID	
DATE	22.05.2024
TABLED BY	V/chairperson
COMMITTEE	Health
CLERK AT THE TABLE	Ms- Macharia

Clerks Chambers,  
Parliament Buildings,  
**NAIROBI**

MAY, 2024

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### **List of Abbreviations**

A& E	Accident and Emergency
CBA	Collective Bargaining agreement
CECM	County Executive Committee Members
CHS	Community Health Service
CHW	Community Health Worker
CS	Cesarean Section
CT	Computed Tomography
DG	Deputy Governor
GIS	Geographic Information System (GIS)
HR	Human Resource
ICU	Intensive Care Unit
KCB	Kenya Commercial Bank
KEMSA	Kenya Medical and Supplies Authority
KMPDU	Kenya Medical Practitioners and Dentist Union
MES	Medical Equipment Service
NCD	Non-Communicable Diseases
NG	National Government
NHIF	National Health Insurance Fund
PHS	Primary Health Services
PMS	Performance Management System
PSC	Public Service Commission
VCRH	Vihiga County Referral Hospital

## **PRELIMINARIES**

### **A. Establishment and Mandate of the Standing Committee on Health**

The Standing Committee on Health is established pursuant to standing order 228 (3) and the Fourth Schedule of the Senate Standing Orders and is mandated to *consider all matters relating to medical services, public health and sanitation.*

### **B. Functions of the Committee**

Pursuant to Standing Order 228(4), the Committee functions to –

1. Investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration and operations of its assigned ministries and departments;
2. Study the programme and policy objectives of its assigned ministries and departments, and the effectiveness of the implementation thereof;
3. Study and review all legislation referred to it;
4. Study, assess and analyze the success of the ministries and departments assigned to it as measured by the results obtained as compared with their stated objectives;
5. Consider the Budget Policy Statement in line with the Committee's mandate;
6. Report on all appointments where the Constitution or any law requires the Senate to approve;
7. Make reports and recommendations to the Senate as often as possible, including recommendations for proposed legislation;
8. Consider reports of Commissions and Independent Offices submitted to the Senate pursuant to the provisions of Article 254 of the Constitution;
9. Examine any statements raised by Senators on a matter within its mandate; and
10. Follow up and report on the status of implementation of resolution within their mandate.

### **C. Government Agencies and Departments**

In exercising its mandate, the Committee oversees the County Governments, the Ministry of Health and its various Semi-Autonomous Government Agencies (SAGAs).

#### **D. Committee Membership**

The Standing Committee on Health was constituted by the House on 27<sup>th</sup> October, 2022, and comprises of the following Members –

1. Sen. Jackson Kiplagat Mandago, EGH, MP	-	Chairperson
2. Sen. Mariam Sheikh Omar, MP	-	<b>Vice-Chairperson</b>
3. Sen. Erick Okong'o Mogeni, SC, MP	-	Member
4. Sen. Ledama Olekina, MP,	-	Member
5. Sen. Abdul Mohammed Haji, MP	-	Member
6. Sen. Joseph Nyutu Ngugi, MP	-	Member
7. Sen. Raphael Chimera Mwinzagu, MP	-	Member
8. Sen. Hamida Kibwana, MP,	-	Member
9. Sen. Esther Anyieni Okenyuri, MP	-	Member

#### **E. Committee Secretariat**

The Committee Secretariat comprises the following staff -

1. Ms. Mary Chesire	-	Director, Socio-Economic Services
2. Mr. Boniface Lenairoshi	-	Deputy Director
3. Mr. Stephen Gikonyo	-	Principal Clerk
4. Dr. Christine Sagini	-	Lead Committee Clerk
5. Ms. Florence Waweru	-	Committee Clerk Assistant
6. Mr. Mitchelle Otoro	-	Legal Counsel
7. Ms. Lilian Onyari	-	Fiscal Analyst
8. Mr. Dennis Amunavi	-	Research Officer
9. Mr. Victor Kimani	-	Audio Officer
10. Ms. Hawa Abdi	-	Sergeant-at-Arms
11. Mr. David Muthuri	-	Intern



## **CHAIRPERSON'S FOREWORD**

The Standing Committee on Health conducted a fact-finding tour of Vihiga and Kisumu Counties from 16<sup>th</sup> to 19<sup>th</sup> May, 2023.

The tour was triggered by requests for Statements by Sen. Godfrey Osotsi, MP, regarding the state of healthcare service provision at the Vihiga County Hospital; and, by Sen. (Prof.) Tom Odhiambo Ojienda, SC, MP, regarding an impending strike by doctors in public health facilities in Kisumu County due to salary delays and failure to remit statutory deductions, and, the state of affairs at the Ahero Sub-County Hospital in Kisumu County.

At sittings held on diverse dates, the Standing Committee on Health deliberated on the matters arising from the Statements and resolved to conduct an Inspection Tour of health facilities in Vihiga and Kisumu Counties. The key objectives of the visits were to assess; the state of health care services; understand the unique achievements, issues, and challenges facing health service delivery in the counties; and recommend remedial measures and interventions by the Senate.

In conducting the visits, the Committee met with key parties in relation to the health service delivery in the respective counties, including; the respective Governors or their representatives, relevant members of the County Executive Committees, Chief Officers of Health, members of the County Health Management Teams and hospital management representatives.

The Committee also reviewed relevant documents and memoranda as submitted by the respective county governments.

The Committee findings, observations and recommendations arising from this process are contained in this report.

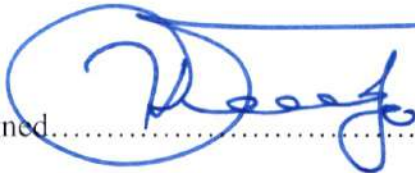
### **Acknowledgements**

On behalf of the Committee, I wish to thank the Area Senators of Vihiga and Kisumu for their full participation and cooperation during the course of the tour.

I also wish to thank the respective County Executives led by the County Governors, and their County Assemblies led by their Speakers, for the fruitful deliberations that have culminated in the production of this report.

Finally, I wish to thank the Offices of the Speaker and Clerk of the Senate for their support during the entire process of considering this matter.

It is now my pleasant duty and privilege to present this report of the Standing Committee on Health, for consideration and approval by the House pursuant to Standing Order No. 213 (6) of the Senate Standing Orders.

Signed.......... Date.....16/05/2024.....




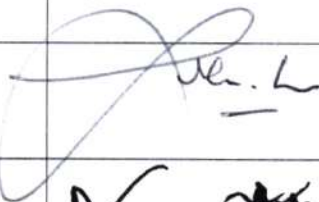





**SEN. JACKSON KIPLAGAT MANDAGO, EGH, MP**

**CHAIRPERSON, STANDING COMMITTEE ON HEALTH**



**ADOPTION OF THE REPORT OF THE SENATE STANDING COMMITTEE  
ON HEALTH ON THE INSPECTION TOUR OF COUNTY REFERRAL  
HOSPITALS IN VIHIGA AND KISUMU COUNTIES**

**We, the undersigned Members of the Senate Standing Committee on Health, do  
hereby append our signatures to adopt the Report-**

	<b>Name</b>	<b>Designation</b>	<b>Signature</b>
1.	Sen. Jackson Kiplagat Mandago, EGH, MP	Chairperson	
2.	Sen. Mariam Sheikh Omar, MP	Vice-Chairperson	
3.	Sen. Erick Okong'o Mogeni, SC, MP	Member	
4.	Sen. Ledama Ole kina, MP	Member	
5.	Sen. Raphael Chimera Mwinzagu, MP	Member	
6.	Sen. Joe Nyutu Ngugi, MP	Member	
7.	Sen. Abdul Mohammed Haji, MP	Member	
8.	Sen. Hamida Kibwana, MP	Member	
9.	Sen. Esther Anyieni Okenyuri, MP	Member	

## CHAPTER ONE

### INTRODUCTION

#### **A. Background**

Standing order 53 (1) of the Senate Standing Orders provides that a Senator may request for a Statement from a Committee relating to any matter under the mandate of the Committee that is of county-wide, inter-county, national, regional or international concern.

Pursuant to this provision:

- A. At the sitting of the Senate held on 18<sup>th</sup> October 2022, Sen. Godfrey Osotsi, MP, requested for a Statement regarding the state of healthcare service provision at the Vihiga County Hospital. In the Statement, the Senator requested the Committee to -
  1. Shed light on allegations of negligence and bribery for service provision at the Vihiga County Hospital, giving details of those involved in the bribery allegations and outline the disciplinary measures, if any, preferred against the officers found culpable;
  2. Table an audit of medical service provision and related functions undertaken at the Vihiga County Hospital in the last 36 months, stating the amount of public funds utilized within the period;
  3. Ascertain the current state of service provision at the hospital, making reference to actions taken by the County Government to rid the hospital of corruption and mismanagement, and table a detailed report on the corrective actions; and
  4. Outline targeted interventions aimed at improving the status of service provision at the facility to ensure that the hospital achieves Level 5 status, noting that the county does not have a Level 5 hospital.
- B. At the sitting of the Senate held on Thursday, 13<sup>th</sup> April, 2023, Sen. (Prof.) Tom Odhiambo Ojienda, SC, MP, sought Statements from the Committee as follows-
  - a. Statement on the impending strike by doctors in public health facilities in Kisumu County due to salary delays and failure to remit statutory deductions. In the Statement, the Senator requested the Committee to -
    1. Apprise the Senate on the reasons for the two months delay in payment of doctors' salaries as well as the non-remittance of statutory deductions;
    2. Elucidate on the status of the negotiations between the County Government and the Doctor's Union to resolve the issues;



3. Indicate the budgetary allocation to the healthcare sector in Kisumu County in the financial years 2021/2022 and 2022/2023, stating how funds have been utilized; and
  4. State the plans, if any, put in place by the County Government to support unpaid doctors and healthcare workers and to avert the recurrence of such strikes in the future.
- b. Request for a Statement regarding the state of affairs at the Ahero Sub-County Hospital in Kisumu County. In the Statement, the Senator requested the Committee to-
1. Indicate the current staffing level at the Ahero Sub County Hospital as well as measures being taken to ensure the hospital has adequate personnel, medical supplies and medications to improve the quality of healthcare;
  2. Shed light on reports of documented incidents of bullying of patients and employees at the facility and state the steps being taken to address the issue;
  3. Indicate the average wait times for emergency procedures such as cesarean sections, and state the steps being taken to guarantee timely access to these procedures in order to improve the caliber of healthcare services for expectant mothers;
  4. Provide an overview of the current state of the hospital's infrastructure and equipment and give a clear roadmap for the renovation and modernization of the facility.

At its sitting held on Thursday, 4<sup>th</sup> May, 2023, the Standing Committee on Health deliberated on the matters arising from the Statements and resolved to conduct an inspection tour of the County Referral Hospitals in Vihiga and Kisumu Counties between 16<sup>th</sup> and 19<sup>th</sup> May, 2023.

The tour marked the first of a country-wide series of inspection tours that the Committee intended to make to assess the state of health care services at county referral hospitals, to understand the unique achievements, issues, and challenges facing health service delivery in the counties and recommending remedial measures and interventions by the Senate.

## **B. Methodology**

In conducting the visits, the Committee met with key parties concerning the health service delivery in the respective counties, including members of the County Executives, Chief Officers of Health, members of the County Health Management Teams, hospital management representatives, and health worker representatives.

The Committee also reviewed relevant documents and memoranda as submitted by the respective county governments.

The Committee's findings, observations, and recommendations arising from this process are contained in this report.

## **CHAPTER TWO**

### **COMMITTEE PROCEEDINGS**

#### **A. VIHIGA COUNTY**

The Committee visited Vihiga County on Tuesday, 16<sup>th</sup> May, 2023, in the company of the area Senator. The Committee met with representatives of the County Executive led by the Deputy Governor, Hon. Wilberforce Kitizo. Other members of the County Executive present included; the County Secretary, the CEC Member of Health, the Chief Officer of Health, Members of the County Health Management Team and health workers representatives. Also present at the meeting were Members of the Health Committee of the County Assembly of Vihiga led by the Chairperson and Vice Chairperson.

##### **1. Submissions by the County Executive**

The Deputy Governor commenced his submissions by giving apologies on behalf of the Governor, indicating that he was out of the country on official business. Key highlights of his submissions are summarized below -

##### **a) Health budget allocation**

The county had allocated a total budget of Kshs. 1.6 billion towards health for the financial year 2023/2024. A significant portion of this budget, Kshs. 1.1 billion was allocated to salaries, with Kshs. 167 million being allocated to operational management and Kshs. 270 million to development.

The project that received the largest development budgetary allocation was the Hospital Plaza: In the financial year 2022/2023, Kshs. 55 million was allocated, followed by an additional Kshs. 78 million in the financial year 2023/2024. However, the completion of the plaza required a total of Kshs. 396 million, thus indicating that further funding will be needed to finalize the project.

##### **b) Performance of Facility Improvement Fund (FIF).**

Regarding FIF performance, the County submitted under the allocation structure of FIF, 70% of funds raised through FIF were directed back to facilities for various improvement projects.

Additionally, 25% of the fund was allocated to support activities such as disease surveillance and facility management. A further 3% was directed to funding administration while 2% was used to fund emergencies.

##### **c) Progressive reduction in revenue collection**

The executive explained that the COVID-19 pandemic had impacted revenue collection in the financial year 2020/21, resulting in a collection of Kshs. 27 million. However, there was an improvement in the financial year 2021/22, with the county collecting Kshs. 52 million. The county expressed its commitment to further enhance revenue collection efforts, with a target of Kshs. 100 million from health facilities.



#### **d) Automation of revenue collection.**

Concerning the automation of revenue, the county had previously engaged a company to undertake the automation process, but unfortunately, the company discontinued its operations. Despite this setback, the county was engaging a new vendor to support the automation of revenue collection. By the time of the visit, the county was in the evaluation stage with the vendor and aimed to finalize the process by the end of May 2023.

#### **e) Health Infrastructure**

Vihiga County had 75 health facilities spread out within a 2 km radius, indicating high accessibility to healthcare services. At Emuhaya Sub-County Hospital, the county had constructed and equipped a 90-bed capacity twin theater and installed a modern incinerator, laundry machine, and oxygen plant. In Hamisi Sub-County Hospital, the county has constructed and equipped a Non-Communicable Disease Center and a twin theater.

#### **f) Health Products and Technologies**

The health facility pharmacies were fairly well stocked, and the County conducted routine checks periodically to ensure the continuous supply of drugs and prevent disruptions in service delivery.

The average KEMSA fill rate was 78%. At the time of the visit, the County had received a consignment of drugs and medical supplies from KEMSA worth KShs. 41 million.

Regarding debts owed to KEMSA, the County submitted that it was offsetting its debt through gradual payments.

On the management of expired drugs, the County submitted that it had put a system in place to identify drugs that were near expiry and to redistribute them where they were needed.

#### **g) Universal Health Coverage**

The County had implemented a successful Universal Health Coverage program in the county, with approximately 15,000 households covered.

The County had recruited approximately 1400 community health workers, and 136 community health assistants who played a key role in enhancing universal health coverage, and in offering palliative home services.

Further, the county had put in place Geographical Information Systems to capture and analyze geographical data related to the activities of CHWs.

#### **h) Vihiga County Referral Hospital**

Vihiga County Referral Hospital was a 164-bed-capacity facility with 13 consultants and 110 nurses with daily outpatient visits of over 400 patients.

Facilities at the county referral hospital included a 36-bed maternal wing, a dental department, and a morgue with a capacity of 25 bodies.

In addition, the hospital provided specialized services including -

- Internal medicine
- Pediatrics
- Surgical services
- Dialysis
- Comprehensive eye care
- Cardiology services
- ICU services
- ISO-certified services
- CT scan
- Oncology

Further to the above, the hospital regularly conducted fistula surgeries. On maternal health care, the hospital contained an antenatal ward, a labor ward with 3 delivery beds, and a postnatal ward with 36 beds. On average, the facility handled 300 to 350 deliveries.

#### **i) Achievements**

The County had recorded the highest immunization success rate in the country with its immunization rate standing at 96% against a national average of 80%. This was largely attributed to community health outreach efforts.

In addition, teenage pregnancy in the county had dropped to 7.7 percent following the implementation of a Binti Shujaa program and Adolescent Health Reproductive Strategy in the county.

On infrastructural development, the County submitted that it had invested in the expansion and enhancement of its health infrastructure across the county, with key projects including -

- a) Construction and equipping of a 90-bed capacity ward, installation of a laundry machine, oxygen plant, and modern incinerator at Emuhaya Sub-County Hospital.
- b) Construction and equipping of a Non-Communicable Disease (NCD) center, and twin theater with a 12-bed capacity ward at Hamisi Sub-County Hospital.
- c) Construction of a Hospital's Plaza at VCHR to accommodate 200 beds and specialists' offices.

Further to the above, the county had equipped and operationalized an ICU unit, the A&E unit, an oncology unit, a cardiac unit, ISO-certified laboratory and provided for blood products at VCRH.

In a move towards modernization and efficiency, the county embarked on a transformative journey towards digitalizing its healthcare system. One such initiative

included the implementation of the elephant card, a small chip with patient medical records.

The county had partnered with CHWs to provide comprehensive care and support to babies with type 1 diabetes. At the time of the visit, 41 patients with type 1 diabetes were under this care. In addition, the health management team noted that, VCHR together with CHW offered palliative care to patients with cancer.

Further, by partnering with relevant stakeholders, the county had facilitated reconstructive surgeries to help women overcome obstetric fistula. The County had also organized a fistula awareness camp to raise public awareness about obstetric fistula and its prevention.

#### **f) Challenges**

Challenges facing the health sector in the county included, the lapsed MES project, a non-operational oxygen plant owing to electricity challenges, poor maintenance of MES equipment etc.

Further, the County lacked budget capitation to support its health facilities, with the result that health facilities in the county were struggling to support their operations.

In addition, the County acknowledged that it lacked a sufficient performance-based development system in the county. To address these issues, the county had procured a HR database system to define reporting structures and capture staff data on their physical presence.

#### **2.Submissions by the County Assembly**

In his submission, the Chairperson of the Health Committee of the County Assembly of Vihiga noted that his Committee had taken various initiatives to improve health service delivery as follows-

- a) It had conducted a comprehensive review of the current status of health service delivery. A copy of the same would be shared with the Senate Health Committee.
- b) It had conducted an investigation on the Facility Improvement Fund with a view towards ensuring transparency and accountability in revenue collection and management.
- c) It had conducted post-legislative scrutiny in the implementation of the County Health Act, specifically focusing on allocation of resources for upgrading level 2 health facilities to level 3. The Committee had further advocated for the establishment of level 3 health facilities in each of the 25 wards within the county, as opposed to the current 19.
- d) It had conducted oversight over donor funds allocated to the county to determine whether the funds were appropriately utilized.

The Chairperson noted areas of concern as follows -



- a) The oncology unit at VCRH was not up to standard;
- b) Absence of a pathology laboratory and pathologists at VCHR.
- c) Corruption at the VCRH oncology unit.
- d) Inadequate human resource personnel in the county's health facilities.

To address these challenges, the Chairman highlighted areas where the Senate could intervene, including (a) delinking the County Assembly budget from the executive budget to enhance oversight and (b) securing donation of oncology machines to strengthen cancer treatment services at VCRH.

### **3. Submissions by Health Workers Representatives**

In their submissions, the representatives of KMPDU Western Branch stated that-

1. Vihiga County had 50 doctors against a population of 600,000 people. Of these, 36 were serving under permanent and pensionable, and 14 on contractual terms. This had translated to an acute shortage of doctors and medical specialists in Vihiga County with a doctor-to-patient ratio of 1: 10,000;
2. Vihiga County Referral Hospital did not meet the minimum staffing requirements of a Level 5 County Referral Hospital;
3. Further, several doctors who had left the service had not been replaced, and the County Referral Hospital lacked adequate specialized personnel;
4. Unlike other counties, the County Executive had not implemented the Collective Bargaining Agreement (CBA), thus resulting in disparities between the terms of service for Vihiga doctors *vis a vis* their counterparts in other counties e.g. in terms of benefits like car loans, house mortgages and health insurance;
5. In addition, there was no provision for comprehensive NHIF cover for county-hired doctors unlike their counterparts seconded by the National Government despite remitting similar NHIF deductions;
6. Health workers were not recognized when the County Government was recruiting for high-level management positions for the County Health Departments e.g. Chief Officers, Sub County Medical Officers etc;
7. The county lacked a HR manual to offer guidelines on promotions and reporting structure; and
8. There were frequent salary delays and delays in NHIF remittances.

Based on the foregoing, the health workers requested the Committee to intervene in the following: standardization of the health workers' medical scheme; consideration in the appointment of medics in health technical dockets; recruitment of doctors after

post-graduate training in the counties; and, compensation of medics who had died on duty during COVID-19 pandemic.

In the County's response to the concerns raised by the KMPDU representative, the County Director of Human Resources (HR) made submissions as follows -

Concerning medical cover, the Director submitted that the County did not have medical cover for any of its cadres of employees. However, the County Executive had appointed a Committee to recommend an appropriate cover in line with Salaries and Remuneration (SRC) guidelines. At the time of the meeting, the Committee had submitted three proposals to NHIF for consideration, and a decision regarding the medical cover was expected to be made by July.

Regarding delayed salaries, he clarified that salary delays were caused by late disbursement of funds by the National Treasury. To mitigate the impact of salary delays, the county had made arrangements with Kenya Commercial Bank (KCB) to provide financing for the payroll.

On the issues of lack of HR manuals and guidelines, the Director informed the Committee that the county had adopted the HR manual policy by the Public Service Commission (PSC). Further, the County was in the process of developing its HR manual to cater to its unique needs.

On career progression, the County had successfully promoted 500 medics, thus demonstrating its commitment to providing opportunities for career advancement.

Concerning the issue of stalled CBA, the Director explained that the main challenge lay in the fact that the current salary payments for doctors were above the legal threshold, which consequently limited the availability of funds to cater to other needs stated in the CBA.

The Committee's visit to Vihiga County was concluded with a visit to Vihiga County Referral Hospital and an inspection tour of the Hospital Plaza.



## **B. KISUMU COUNTY**

The Committee visited Kisumu County on Wednesday, 17<sup>th</sup> May, 2023. During the visit, the Committee met with representatives of the County Executive led by the Deputy Governor, and the County Assembly led by the Speaker.

### **1. Courtesy Call on the Speaker of Kisumu County Assembly**

The Committee made a courtesy call to the Office of the Speaker of the County Assembly where they were received by the Speaker. Key highlights by the Speaker are summarized below -

- a) There was a need to upgrade Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH) to a national referral hospital as it met all the requisite requirements. He further reiterated that the hospital served at least seven counties in the lake region basin and surrounding counties.
- b) Kisumu County had a budgetary allocation of at least 30% to health, out of which approximately 60% was paid out as personnel emoluments to healthcare workers.
- c) There was a need to ensure the autonomy of County Assemblies by separating its budget from the County Executive.
- d) There was a need to act to ensure equitable distribution of resources across the county to ensure fair distribution of resources.

### **2. Submissions by the Health Committee of Kisumu County Assembly**

The Committee met with the Health Committee of the County Assembly of Kisumu led by the Chairperson, Hon. Vincent Jagongo, MCA. In his remarks, the Hon. Jagongo, MCA, stated that the number of health facilities per sub-county is as follows: Kisumu East (11); Kisumu Central (3); Kisumu West (23); Muhoroni (29); Nyakach (24); Nyando (26); and, Seme (24). He further highlighted the challenges facing the county, including -

- a. That the Kisumu Health sector was understaffed in comparison to the demand for health services;
- b. Distribution of health workers was heavily skewed with over 50 % of the health workers serving at the Jaramogi Oginga Odinga Teaching and Referral Hospital;
- c. The cessation of the Level 5 Conditional Grant by the National Government two years back had made it difficult for the County to sustain operations at JOOTRH;
- d. Thirty percent of the Total County Budget was allocated to health. However, the funds were inadequate since JOOTRH which served as a referral hospital for over five surrounding counties absorbed most of it;
- e. Kisumu County no longer received funding and grants from NGOs and development partners. This had particularly affected the operations of most faith-based hospitals further compounded by delayed reimbursements from NHIF.

- f. Ahero Sub County Hospital was inadequately funded and overstretched owing to a large catchment population.
- g. There was a high turnover of health workers owing to better terms of employment overseas.
- h. The County Assembly supported the proposal to have JOOTRH upgraded to a Level 6 Hospital and transferred to the National Government to free up resources for other health priorities in the county, as well as to enhance service delivery.
- i. Public health facilities in the county were generally poorly equipped.
- j. Delays in funds disbursements by NHIF had severely affected service delivery in public health facilities in the county.

### **3. Submissions by the County Executive**

The Deputy Governor commenced his submissions by giving apologies on behalf of the Governor, indicating that he was out of the country on official business. Key highlights of his submissions are summarized below -

#### **a) On the alleged impending strike by doctors**

With regards to the statement by Sen. (Prof.) Ojienda, MP, on the impending strike by doctors in public health facilities in Kisumu, the County informed the meeting as follows -

1. A two-month delay in payment of doctors' salaries as well as the non-remittance of statutory deductions had been caused by the late disbursement of equitable share from the National Treasury, with February and March salaries being paid using December 2022 and January 2023 disbursements respectively;
2. The doctors' union issued a strike notice with effect from 31<sup>st</sup> March 2023. A dispute resolution meeting was held between Union officials and the responsible CEC Member on 6<sup>th</sup> April 2023. Thereafter, on 11<sup>th</sup> April 2023, union officials held a consultative meeting with the Governor to resolve the outstanding issues;
3. On 17<sup>th</sup> April 2023, a negotiated agreement was reached and the strike notice was suspended;
4. Out of a total budgetary allocation of KShs. 3,792,175,844.74 to the health sector, KShs. 2,858,363,741.00 was taken up by personnel emoluments, leaving KShs. 150,400,000.00 for development; and
5. To avert the risk of industrial action in the future, the County executed a salary advance plan with Kenya Commercial Bank and committed to quarterly CBA implementation and work council Committee meetings.

#### **b. On the state of affairs at Ahero Sub-County Hospital**

With regards to the state of affairs at Ahero Sub-County Hospital, the County submitted that -



1. The staffing level at Ahero Sub-County Hospital was 83 against a catchment population of 44,463. Plans were underway to recruit 150 healthcare workers by June 2023, to address understaffing in the county;
2. The facility had one consultant, two medical officers, fourteen clinical officers, thirty-six nurses, thirteen laboratory staff, six pharm techs, and other subordinates;
3. The County recognized that the facility had inadequate staff and was working towards recruiting more staff in the upcoming FY. During the time in question, under unforeseen circumstances, six staff were absent from the workstation. In these cases, four staff left the service unexpectedly for greener pastures abroad, and two went on maternity leave. This led to the closure of a male ward so that the personnel of the male ward could support other wards that needed their services;
4. The County government had a FIF Act in place that facilitated all level 4 and 5 hospitals to retain and utilize their collections;
5. KEMSA and MEDS had established a good working relationship with the facility for the supply of drugs and medical supplies. This was supported by the Hospital's FIF quarterly revenue collection, and the County's annual recurrent expenditure;
6. The KEMSA fill rate was at 60%. At least 40% of the county health budget went to the purchase of drugs/pharmaceuticals;
7. Cases of bullying of patients at the facility were negligible. Where bullying had occurred, it had been handled by the Disciplinary Committee at the facility, with serious cases being referred to the Chief Officer of Health for further action;
8. The average waiting time for a cesarean section was 15-30 minutes. For emergency cases, there was an operational ambulance available at all times;
9. The infrastructure at the facility at the time of visit included: an outpatient arena MVH, administrative block, laboratory, pharmacy, dental unit, X-ray room, a maternity ward equipped with a delivery room, postnatal rooms with showers and toilets for mothers, a medical ward (male and female), pediatric wing, fully equipped theater, GBV center, KEMRI research center, mortuary, kitchen, store and laundry area; and
10. Plans to modernize and renovate the facility had been accounted for in the Annual Work Plan, as well as the CIDP/5-year Strategic Plan of the County.

**c. Regarding Jaramogi Oginga Odinga Hospital**

1. JOOTRH was the 2<sup>nd</sup> biggest hospital in Kenya after Kenyatta Hospital. It had been assessed by KMPDU and recommended for upgrading up to a level 6A hospital. This was however awaiting declaration by MOH;
2. Moreover, NHIF owed JOOTRH reimbursements to the tune of Ksh. 130 Million which had adversely affected the hospital's operating capacity;

3. JOOTRH was heavily understaffed and underfunded and therefore much needed to be done to replace medical staff who had left for greener pastures or through natural attrition;
4. The County verified that there had been ten cases of maternal death at the facility. It was clarified that the cases were referrals and that they were mismanaged before they reached the hospital.
5. The County government had put in place control measures/ mechanisms such as tool-free lines, suggestion boxes at health facilities, and even an online website as reporting avenues for bullying, patients' mishandling etc.

#### **d. Challenges**

1. Staff shortages: The county had a total of 925 nurses serving in various health facilities. The doctor/nurse to patient ratio for the county was high with nurses accounting for 7.76 per 10,000, and doctors 1.47 per 10,000 population. In JOOTRH, in the intensive care unit, the ratio of nurse to patient was 1:2 as opposed to 1:1;
2. Conditional grants to Level 5 Hospitals were stopped two years ago. The grants were supporting the level 5 hospitals to be able to meet their budgetary requirements, and their stoppage had severely curtailed operations at JOOTRH;
3. The county was paying doctors who were away for post-graduate training, as well as paying the doctors who had stepped in for the doctors in training. The Senate was asked to intervene on the same to ensure that counties don't pay for the services not rendered;
4. The county faced a huge burden of sickle cell anemia where out of 100 births, at least 3% of the births are sickle cell anemia. The Senate was asked to intervene to push the national government to put in place measures to ensure that the population was supported as in the case of cancer management;
5. There were huge delays in the payment of the Linda Mama programme to various hospitals. The Linda Mama programme money was last disbursed for June 2022;
6. The planned reforms at NHIF and KEMSA reforms needed to bring on board all stakeholders including County Governments who were their main stakeholders. Calls were made for counties to have representation on the two Boards to ensure that service delivery in healthcare was efficient and that it kept improving;
7. Owing to delays in disbursements of funds from the National Government, the County had executed loan facilities with local banks to pay workers' net salaries and remit statutory deductions. However, the facilities did not factor in worker's loan repayments to Saccos;



8. Under the above arrangement, all county staff including health workers had been paid up to April with the PAYE, NSSF, and NHIF being remitted to the relevant bodies. The County also noted that the county had pending bills accruing from county staff salaries worth Ksh. 287 million which were for bank loans, Saccos, and other obligations of the county staff;
9. There was a high turnover of health workers, especially nurses, owing to health personnel leaving the county for greener pastures e.g. in 2021, 50 nurses left; in 2022, 66 nurses left; and, by the time of the visit, 40 nurses had left. Staff replacement had not occurred at a similar rate.

The Committee's visit to Kisumu County was concluded with a visit to Ahero Sub-County Referral Hospital.



## CHAPTER THREE

### COMMITTEE OBSERVATIONS

Based on the foregoing, the Committee made the following observations:

#### *A. In respect of Vihiga County*

- 1) The county had failed to comply with section 35(3) of the County Government Act which states that *"A person may be appointed as a member of the county executive committee if that person ....has knowledge, experience and a distinguished career of not less than five years in the field relevant to the portfolio of the department to which the person is being appointed"*. In the case of Vihiga, the Committee found that the Ag. CEC Member for Health was unqualified for the position on the basis that he lacked the requisite qualifications;
- 2) The County Executive Committee member for Health (CEC-Health) and the Medical Superintendent of Vihiga County Referral Hospital had been serving in acting capacities for an extended period (over two years and five years respectively) without receiving substantive appointments or being relieved of their acting roles. The Committee observed that this situation had adversely affected their ability to fulfill their roles and duties effectively.
- 3) The Committee also observed that construction of the Hospital Plaza at Vihiga County Referral Hospital, which commenced in 2014, had stalled. The Committee noted that the Hospital Plaza, which was designed to accommodate 200 beds and specialist clinics, was critical for alleviating congestion at the county referral hospital and improving service delivery. The Committee therefore noted that there was an urgent need to allocate adequate budgetary resources by the County for its completion.
- 4) The Committee noted with concern that contrary to section 34 of the Employment Act which obligates employers to ensure that sufficient provision of proper medical care for their employees during illness, Vihiga County had failed to provide for comprehensive medical cover for its workers, including health workers.
- 5) The county had failed to implement a performance-based management system at Vihiga County Referral Hospital with the result that, despite the hospital not meeting its revenue targets or performance goals and objectives, the hospital management had not been held accountable. The Committee guided that the hospital management should be subjected to performance contracting to improve employee productivity and also as a revenue enhancement strategy tool;
- 6) At the time of the visit, revenue collection at Vihiga County Referral Hospital had not been automated thus leaving it prone to fraud and abuse;

- 7) Revenue generated at Vihiga County Referral Hospital had not been ring-fenced for its operations through the establishment of a Facility Improvement Fund;
- 8) Vihiga County Referral Hospital had failed to meet the requirements of a Level 5 Hospital as per the Kenya Medical Practitioners and Dentists Council (KMPDC) Guidelines. While the Committee noted that the County had made efforts to upgrade its infrastructure, the Committee noted that efforts needed to be tailored to meet the minimum requirements as per KMPDC guidelines. The Committee further noted that the county was losing out on potential revenue owing to lower reimbursements by NHIF;
- 9) Challenges facing the health sector in the county included the lapsed MES project, a non-operational oxygen plant owing to electricity challenges, poor maintenance of MES equipment etc.
- 10) Further, the County lacked budget capitation to support its health facilities, with the result that health facilities in the county were struggling to support their operations.
- 11) There were pending cases of unresolved medical negligence in the County that were causing conflict with the community e.g. reports of a patient becoming paralyzed after receiving treatment at the dental facility.
- 12) In addition, there were pending disciplinary cases at the facility that needed to be addressed.
- 13) There was evidence of poor security at Vihiga CRH and possible complicity by health workers in reported cases of imposters at the facility.

***B. In respect of Kisumu County***

- 14) There was willingness and commitment by both the county assembly and the county executive to release the JOOTRH to the national government to serve as a level 6 hospital and also to ease the pressure from the county government to enhance service delivery in other health facilities in the county.
- 15) The Committee noted that ongoing excavation works on the Kisumu-Busia/Nairobi Road during the visit had blocked access to Ahera Sub-County Hospital. Additionally, these works had resulted in large stagnant pools of water near the hospital entrance, creating breeding grounds for mosquitoes and other disease vectors. The Committee observed that it was imperative that the Kenya National Highway Authority take action to ensure that road construction activities do not disrupt the hospital's operations or compromise patient health and safety.
- 16) The Committee further observed that there was need for the County Government of Kisumu to allocate an adequate budgetary allocation to enable Ahero Sub-County Hospital properly equip its mortuary, fence its premises,



and expand and renovate its infrastructure to attain the status of a level 4 hospital.

- 17)NHIF had delayed reimbursing monies to various hospitals in the county by up to three months thereby adversely affecting service delivery. The Committee also observed that the Kisumu County government did not owe NHIF any money by the time of the visit.
- 18)Kisumu had recorded a total of 156 nurses leaving serving for greener pastures since 2021 to date. There was a need for the county public service board to consider quarterly recruitments under the Department of Medical Services, Public Health and Sanitation to keep pace with the need to replace health personnel who exited service for different reasons.
- 19)The County Government of Kisumu was yet to receive its equitable share for March and April and this had impacted service delivery in the county.
- 20)Owing to delays in disbursements of funds from the National Government, the County had executed loan facilities with local banks to pay workers' net salaries and remit statutory deductions. However, the facilities did not factor in worker's loan repayments to Saccos;
- 21)Under the above arrangement, all county staff including health workers had been paid up to April with the PAYE, NSSF, and NHIF being remitted to the relevant bodies. The County also noted that the county had pending bills accruing from county staff salaries worth Ksh. 287 million which were for bank loans, Saccos, and other obligations of the county staff;
- 22)Service delivery at JOOTRH had been adversely affected by the stoppage of conditional grants to Level 5 Hospitals two years ago.
- 23)The Committee observed that the county of Kisumu and other counties at large were struggling with the issue of training of doctors which is a national government function. The counties are incurring double costs by paying the doctor for training and as well paying another doctor to offer services on behalf of the doctor on training.
- 24)Kisumu County faced a huge burden of sickle cell anemia where out of 100 births, at least 3% of the births are sickle cell anemia. The huge burden warranted intervention by the National Government.

## CHAPTER FOUR

### COMMITTEE RECOMMENDATIONS

A. In respect of Vihiga County the Committee recommends that -

1. The County Assembly of Vihiga to review the appointment of the Ag. CEC Health in line with section 35(3) of the County Government Act, and recommend appropriate action by the appointing authority within a period of **three (3) months**.
2. The Governor and County Assembly of Vihiga act to ensure that the position of the CEC Health is substantively filled in accordance with the provisions of section 35(3) of the County Government Act within **three (3) months**.
3. The County Public Service Board of Vihiga acts to substantively fill all management positions in the health docket including that of the Medical Superintendent of Vihiga County Referral Hospital with **immediate** effect.
4. The Governor should act to allocate at least Kshs. 100 million in the next financial year to expedite the completion of the Hospital Plaza at Vihiga County Referral Hospital with a view towards decongesting Vihiga County Referral Hospital and improving service delivery.
5. The Governor should move to implement a performance-based management system at the county referral hospital to improve employee productivity and enhance revenue collection with **immediate** effect.
6. Revenue collection at all applicable pay points within the county to be automated, including at the county referral hospital within **three (3) months**.
7. The Kenya Medical Practitioners and Dentists Council act to review the technical classification of Vihiga County Referral Hospital and to finalize any pending cases of alleged medical negligence at the hospital within **three months**.
8. The Governor of Vihiga County acts to strengthen the administrative structures and processes at the county referral hospital, with a specific focus on ensuring timely and fair administrative action on disciplinary cases, and strengthening security operations with **immediate** effect.

B. In respect of Kisumu County the Committee recommends that -

9. The County Government of Kisumu acts to initiate the formal transfer of JOOTRH to the national government in accordance with Articles 186(1), 187(1), and 189 (2) of the Constitution; and, Section 24(a) of the Inter-Governmental Relations Act.



10. The Kenya National Highway Authority provides good drainage access, and ensures that ongoing works on the Kisumu-Busia/Nairobi Road do not block the entrance to Ahero Sub-County Hospital. Further, to ensure that all stagnant water arising from excavation works outside the hospital entrance are drained for the health and safety of patients with **immediate** effect.
11. The County Government of Kisumu ensures that adequate funds are allocated to Ahero Sub-County Hospital to enable the upgrading and equipping of its mortuary, fencing of the hospital premises, and the renovation/expansion of its infrastructure as the need may be, to the technical status of a Level 4 hospital in line with KMPDC guidelines.
12. National Health Insurance Fund (NHIF) ensures that all monies owed to Kisumu County are reimbursed with **immediate** effect.
13. The National Treasury ensures that equitable share to counties is disbursed in a timely and prompt manner to ensure unhindered service delivery.
14. The County Government of Kisumu ensures that loan facilities with local banks factor in remittances to SACCOS for loan repayments with **immediate** effect.
15. The Senate intervenes to ensure that post-graduate training of health workers is shifted *in toto* to the national government in line with the Fourth Schedule of the Constitution.
16. The County Government of Kisumu and the Ministry of Health to cooperate and collaborate towards mitigating the high burden of sickle cell anemia in the County.

**In light of the above, the Committee resolved that -**

This report be dispatched to the County Governor of Vihiga, the County Public Service Board of Vihiga, the County Governor of Kisumu, the National Treasury, the National Health Insurance Fund and the Kenya National Highway Authority for purposes of implementing its recommendations within the stipulated time periods above **from the date of adoption of this Report**



# APPENDIX I



**MINUTES OF THE A HUNDRED AND TWENTIETH SITTING (ONLINE) OF  
THE STANDING COMMITTEE ON HEALTH HELD ON MONDAY 15<sup>TH</sup>  
APRIL, 2024, AT 8.30 A.M on ZOOM ONLINE PLATFORM**

**PRESENT**

- |    |  |   |                  |
|----|--|---|------------------|
| 1. | Sen. Jackson Kiplagat Mandago, EGH, MP | - | Chairperson      |
| 2. | Sen. Mariam Sheikh Omar, MP            | - | Vice-Chairperson |
| 3. | Sen. Erick Okong'o Mogeni, SC, MP      | - | Member           |
| 4. | Sen. Joe Nyutu Ngugi, MP               | - | Member           |
| 5. | Sen. Hamida Kibwana, MP                | - | Member           |
| 6. | Sen. Esther Anyieni Okenyuri, MP       | - | Member           |

**ABSENT WITH APOLOGY**

- |    |                             |   |        |
|----|-----------------------------|---|--------|
| 1. | Sen. Ledama Ole kina, MP    | - | Member |
| 2. | Sen. Raphael Chimera, MP    | - | Member |
| 3. | Sen. Abdul Mohamed Haji, MP | - | Member |

**SECRETARIAT**

- |    |                      |   |                 |
|----|----------------------|---|-----------------|
| 1. | Dr. Christine Sagini | - | Clerk Assistant |
| 2. | Ms. Florence Waweru  | - | Clerk Assistant |
| 3. | Mr. Mitch Otoro      | - | Legal Counsel   |
| 4. | Mr. David Muthuri    | - | Intern          |

**MIN/SEN/SCH/688/2024**

**PRELIMINARIES**

The meeting was called to order at 8.45 a.m. with a word of prayer from the Chairperson.

1 X 1 4 3 9 9 A

MIN/SEN/SCH/689/2024

ADOPTION OF THE AGENDA

The Agenda was adopted as proposed by Sen. Hamida Kibwana, MP and seconded by Sen. Erick Okong'o Mogeni, SC, MP as follows-

1. Prayer
2. Adoption of the agenda;
3. Consideration and adoption of Committee mini reports on Inspection and familiarization visits of select health facilities in Counties undertaken during the Second Session as below-
  - a) Vihiga and Kisumu Counties;
  - b) Bomet, Nyamira and Kisii Counties and;
  - c) Westpokot, Transnzoia and Turkana Counties
4. Any other business; and
5. Adjournment/Date of the Next Meeting.

MIN/SEN/SCH/690/2024

CONSIDERATION AND ADOPTION OF  
COMMITTEE MINI REPORTS ON  
INSPECTION AND FAMILIARIZATION  
VISITS OF SELECT HEALTH FACILITIES IN  
COUNTIES UNDERTAKEN DURING THE  
SECOND SESSION

The Committee considered reports on Vihiga & Kisumu Counties and the Bomet, Nyamira & kisii Counties. It was generally observed and recommended that there needs to be a budget review by all Counties so as to allocate more funds to their respective health functions and further that all health facilities should be equipped with curtains, recommended ward beds and bed nets while also ensuring the facilities have running water, electricity and an overall improved security surveillance.

MIN/SEN/SCH/691/2024

ANY OTHER BUSINESS

Due to time constraints, the Committee resolved to postpone the consideration of the report on the Westpokot, Transnzoia and Turkana Counties and further the overall adoption of all reports to Tuesday, 16<sup>th</sup> April, 2024.

MIN/SEN/SCH/692/2024

ADJOURNMENT

There being no other business, the meeting was adjourned at 11.45 a.m. The next meeting will be by notice.

SIGNED: .....  
CHAIRPERSON

DATE: 14/05/2024 .....



MINUTES OF THE A HUNDRED AND TWENTY-SECOND (ONLINE)  
SITTING OF THE STANDING COMMITTEE ON HEALTH HELD ON  
FRIDAY 19<sup>TH</sup> APRIL, 2024, AT 10.00 A.M ON ZOOM ONLINE PLATFORM.

PRESENT

1.	Sen. Jackson Kiplagat Mandago, EGH, MP	-	Chairperson
2.	Sen. Mariam Sheikh Omar, MP	-	Vice-Chairperson
3.	Sen. Ledama Ole kina, MP	-	Member
4.	Sen. Raphael Chimera, MP	-	Member
5.	Sen. Joe Nyutu Ngugi, MP	-	Member
6.	Sen. Abdul Mohamed Haji, MP	-	Member
7.	Sen. Esther Anyieni Okenyuri, MP	-	Member

ABSENT WITH APOLOGY

1.	Sen. Erick Okong'o Mogeni, SC, MP	-	Member
2.	Sen. Hamida Kibwana, MP	-	Member

SECRETARIAT

1.	Dr. Christine Sagini	-	Clerk Assistant
2.	Ms. Florence Waweru	-	Clerk Assistant
3.	Ms. Lilian Onyari	-	Fiscal Analyst
4.	Mr. Mitch Otoro	-	Legal Counsel
5.	Mr. Victor Kimani	-	Audio Officer

MIN/SEN/SCH/698/2024

PRELIMINARIES

The meeting was called to order at 10.20 a.m. with a word of prayer from the Chairperson.



The Agenda was adopted as proposed by Sen. Joe Nyutu Ngugi, MP and seconded by Sen. Mariam Sheikh Omar, MP as follows-

1. *Prayer;*
2. *Adoption of the Agenda;*
3. *Consideration and adoption of Committee reports on the following*
  - a) *The petition on the management and use of Kenyatta University Teaching and Referral and Research Hospital (KUTRRH) by medical students at the Kenyatta University;*
  - b) *On allegations of irregularities in the procurement of long-lasting insecticide nets (LLINs), KEMSA;*
  - c) *Inspection and familiarization visits to health facilities in Vihiga and Kisumu Counties;*
  - d) *Inspection and familiarization visits to health facilities Bomet, Nyamira and Kisii Counties and;*
  - e) *Inspection and familiarization visits to health facilities West-pokot, Trans-nzoia and Turkana Counties*
4. *Any other business and;*
5. *Adjournment/Date of the Next Meeting.*

CONSIDERATION AND ADOPTION OF  
COMMITTEE REPORTS ON THE  
FOLLOWING-

Following a review of the committee observations and recommendations of respective reports and dialogue therein the following Committee reports were adopted unanimously;

1. The Committee report on the petition on the management and use of Kenyatta University Teaching and Referral and Research Hospital (KUTRRH) by medical students at the Kenyatta University having been proposed by Sen.Ledama Ole Kina, MP and seconded by Sen. Mariam Sheikh Omar, MP;
2. The Committee report on the allegations of irregularities in the procurement of long-lasting insecticide nets (LLINs), KEMSA having been proposed by Sen. Joe Nyutu, MP and seconded by Sen. Mariam Sheikh Omar, MP;
3. The Committee report on the inspection and familiarization visits to health facilities in Bomet, Nyamira and Kisii Counties having been proposed by Sen. Mariam Sheikh Omar, MP and seconded by Sen.Ledama Ole Kina, MP;
4. The Committee report on the inspection and familiarization visits to health facilities Vihiga and Kisumu Counties having been proposed by Sen. Mariam Sheikh Omar, MP and seconded by Sen. Joe Nyutu, MP;

Thereafter the Committee was taken through the Committee report on the Inspection and Familiarization Visits to County Health Referral Facilities in West Pokot, Trans Nzoia and Turkana Counties, Chapter 3- *on Committee observations*.

However due to time constraints, further consideration, generation of recommendations and adoption was deferred. The Committee therefore resolved to schedule an online meeting on Monday, 22<sup>nd</sup> April, 2024 for its consideration and adoption.

MIN/SEN/SCH/701/2024

ANY OTHER BUSINESS

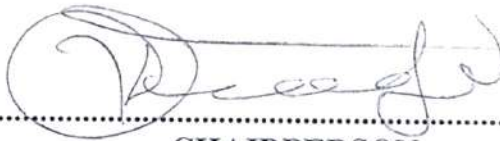
The Committee resolved to postpone the inspection tour of select health facilities in Nairobi City County that had been scheduled for Monday, 22<sup>nd</sup> April, 2024 in light of the unfortunate military craft accident involving the Chief of the Defence Forces on Thursday, 18<sup>th</sup> April, 2024 and the consequent declaration of the Presidential three-day-mourning.

MIN/SEN/SCH/702/2024

ADJOURNMENT

There being no other business, the meeting was adjourned at 1.30 p.m. The next meeting will be by notice.

SIGNED: .....



CHAIRPERSON

DATE: .....

22<sup>nd</sup> / April / 2024



13<sup>TH</sup> PARLIAMENT | SECOND SESSION

**MINUTES OF THE FORTY EIGHTH SITTING OF THE STANDING  
COMMITTEE ON HEALTH HELD ON TUESDAY 16<sup>TH</sup> MAY, 2023 AT 10.00 A.M.  
AT VIHIGA COUNTY, GOVERNOR'S BOARDROOM.**

**PRESENT**

- |   |   |                  |
|---|---|------------------|
| 1. Sen. Jackson Kiplagat Mandago, EGH, MP | - | Chairperson      |
| 2. Sen. Mariam Sheikh Omar, MP            | - | Vice-Chairperson |
| 3. Sen. Hamida Kibwana, MP                | - | Member           |
| 4. Sen. Esther Anyieni Okenyuri, MP       | - | Member           |

**ABSENT WITH APOLOGY**

- |                                      |   |        |
|--------------------------------------|---|--------|
| 1. Sen. Erick Okong'o Mogeni, SC, MP | - | Member |
| 2. Sen. Ledama Olekina, MP           | - | Member |
| 3. Sen. Raphael Chimera, MP          | - | Member |
| 4. Sen. Joseph Nyutu Ngugi, MP       | - | Member |
| 5. Sen. Abdul Mohamed Haji, MP       | - | Member |

**SECRETARIAT**

- |                         |   |                  |
|-------------------------|---|------------------|
| 1. Dr. Christine Sagini | - | Clerk Assistant  |
| 2. Ms. Florence Waweru  | - | Clerk Assistant  |
| 3. Ms. Angela Kagunyi   | - | Legal Counsel    |
| 4. Ms. Njeri Manga      | - | Media Relations  |
| 5. Ms. Annette Khayale  | - | Research Officer |
| 6. Mr. Victor Kimani    | - | Audio Officer    |
| 7. Ms. Lilian Onyari    | - | Fiscal Analyst   |
| 8. Mr. Ibrahim Hassan   | - | Sergeant at Arms |



## INATTENDANCE

- |                              |   |   |
|------------------------------|---|---|
| 1. Sen. Godfrey Osotsi, MP   | - | Host Senator/Requester of the Statement |
| 2. Hon. Wilberforce Kitiezo  | - | Deputy Governor, Vihiga County          |
| 3. Other attendees as listed | - | <i>In-attendance sheet annexed</i>      |

## MIN/SEN/SCH/ 252/2023

## PRELIMINARIES

The meeting was called to order at ten minutes past ten o'clock and commenced with a word of prayer.

## MIN/SEN/SCH/253/2023

## MEETING WITH VIHIGA COUNTY DEPUTY GOVERNOR AND COUNTY HEALTH OFFICIALS

The meeting was informed that at a sitting of the Senate held on 18<sup>th</sup> October, 2022, Sen. Godfrey Osotsi, MP, requested for a Statement regarding the state of healthcare service provision at the Vihiga County Hospital. In the Statement, the committee was requested to;

- a) Shed light on allegations of negligence and bribery for service provision at the Vihiga County Hospital, giving details of those involved in the bribery allegations and outline the disciplinary measures, if any, preferred against the officers found culpable;
- b) Table an audit of medical service provision and related functions undertaken at the Vihiga County Hospital in the last 36 months, stating the amount of public funds utilized within the period;
- c) Ascertain the current state of service provision at the hospital, making reference to actions taken by the County Government to rid the hospital of corruption and mismanagement, and table a detailed report on the corrective actions; and
- d) Outline targeted interventions aimed at improving the status of service provision at the facility to ensure that the hospital achieves Level 5 status, noting that the county does not have a Level 5 hospital.

The above mentioned issues and the consequent meetings that followed led to the decision to undertake an inspection tour of Vihiga County Referral Hospital.

The meeting was informed of the following;

1. Vihiga county has 75 health facilities spread out within a 2kms radius
2. That the Hospital pharmacies are fairly well stocked and that there are routine checks done to ensure refills are on time;
3. That there are community health workers spread out in the county who assist in increasing the presence of health personnel in the rural areas to enhance universal health coverage and also assist in offering palliative home services;

4. That Vihiga county hospital has a bed capacity of 164; 13 consultants, 110 nurses; though it receives over 400 patients daily; an indication that the facility is stretched in terms of service provision and quality of health care service therefore, the completion of the stalled Hospital Plaza would help expand the capacity of the hospital.
5. That the County is at 78% fill rate and has a committal payment agreement with KEMSA so as to ensure regular supply of drugs and further reduce the pending bills.
7. That the Vihiga County Referral hospital has other departments; such as the maternal wing with a 36 bed capacity, dental department, Morgue capacity of 25 persons and also offers other services such as Oncology and Cardiology. Further, the hospital has regularly done fistula surgeries.
8. That the County has/had recorded the highest immunization success rate largely through the Community health outreach efforts;
9. There are challenges in delayed salaries to Health workers due to late disbursements from the National treasury hence delays in statutory remittances such as NHIF. The delayed salaries also affect the employee morale;
10. Moreover, there have been cases of theft of hospital equipment due to poor security measures of certain facilities. Hence the need to establish better security and surveillance systems and further establish an assets' register.

#### **Committee recommendations and resolutions;**

Based on the deliberations the following measures were proposed/recommended;

1. That the County Government reviews the Health workers' terms and conditions of employment
2. Need for capitation and ring fencing of Health related funds
3. That the County Government holds more stakeholders' engagement in strengthening the work relations within the Health Sector.
4. The County government should submit in writing a report on the status of all incomplete projects per sub county of the Hospital plaza, inclusive of the contractual costs, percentages of completion, balances and whether it has been provided for in the next Financial year.
5. By October, 2023 the county Government should provide a status report with regards to the uptake of automation of all revenue collection processes in Vihiga County referral hospital.
6. That the Prolonged period of appointment of the CEC-Health and the Medical Superintendent in an acting capacity (two years and +5 years respectively) without being given the substantive appointment or relieved of their role in the said acting



capacity had affected the ability of the officers to conduct their roles and duties effectively. Therefore, The Committee guided that (a) the officers should be confirmed in service, or (b) the County should fill the positions competitively. And further advised that the Governor engage the County Public Service board in that regard;

7. The Committee further guided that the hospital management should be subjected to performance contracting to improve employee productivity and also as a revenue enhancement strategy tool;
8. Since the county had received revenue from various sources including NHIF reimbursements, private insurance reimbursements; National Government grants (e.g. COVID-19 grant for the establishment of an ICU), DANIDA funds etc. The county was requested to provide a full account of all monies received at the hospital;
9. While the Committee noted that the County had made efforts to upgrade its infrastructure, the Committee noted that efforts needed to be tailored to meet the minimum requirements for a Level 4.

MIN/SEN/SCH/254/2023

ADJOURNMENT

There being no other business, the meeting was adjourned at a quarter to two o'clock. The next meeting with the County health workers' union would be held at two o'clock.

SIGNED: .....

CHAIRPERSON

DATE: .....





## 13<sup>TH</sup> PARLIAMENT | SECOND SESSION

### MINUTES OF THE FORTY- NINTH SITTING OF THE STANDING COMMITTEE ON HEALTH HELD ON TUESDAY 16<sup>TH</sup> MAY, 2023 AT 2.00 P.M. AT VIHIGA COUNTY, GOVERNOR'S BOARDROOM.

#### PRESENT

1. Sen. Jackson Kiplagat Mandago, EGH, MP	-	Chairperson
2. Sen. Mariam Sheikh Omar, MP	-	Vice-Chairperson
3. Sen. Hamida Kibwana, MP	-	Member
4. Sen. Esther Anyieni Okenyuri, MP	-	Member

#### ABSENT WITH APOLOGY

1. Sen. Erick Okong'o Mogeni, SC, MP	-	Member
2. Sen. Ledama Olekina, MP	-	Member
3. Sen. Raphael Chimera, MP	-	Member
4. Sen. Joseph Nyutu Ngugi, MP	-	Member
5. Sen. Abdul Mohamed Haji, MP	-	Member

#### SECRETARIAT

1. Dr. Christine Sagini	-	Clerk Assistant
2. Ms. Florence Waweru	-	Clerk Assistant
3. Ms. Angela Kagunyi	-	Legal Counsel
4. Ms. Njeri Manga	-	Media Relations
5. Ms. Annette Khayale	-	Research Officer
6. Mr. Victor Kimani	-	Audio Officer
7. Ms. Lilian Onyari	-	Fiscal Analyst
8. Mr. Ibrahim Hassan	-	Sergeant at Arms

## INATTENDANCE

- |                              |   |                                      |
|------------------------------|---|--------------------------------------|
| 1. Sen. Godfrey Osotsi, MP   | - | Host Senator/Requester of the        |
| Statement                    |   |                                      |
| 2. Hon. Wilberforce Kitiezo  | - | Deputy Governor, Vihiga County       |
| 3. Other attendees as listed | - | <i>(In-attendance sheet annexed)</i> |

## MIN/SEN/SCH/ 255/2023

## PRELIMINARIES

The meeting was called to order at two o'clock; a round of introductions ensued.

## MIN/SEN/SCH/256/2023

## MEETING WITH VIHIGA COUNTY DEPUTY GOVERNOR, COUNTY HEALTH OFFICIALS AND COUNTY HEALTH WORKERS

The KMPDU Western Branch, representatives made the following submissions;

1. That there was an acute shortage of doctors and medical specialists in Vihiga county.; stating that the county has 50 doctors, with a doctor to patient ratio of 1: 10,000. Further that there were several doctors who had left the services that had not been replaced and multiple mandatory specialists missing at the Vihiga County Referral Hospital, therefore the Hospital doesn't meet the mandatory staffing requirements to continue serving as a registered teaching and referral hospital and internship center.
2. That the County Executive had not implemented the Health workers' CBA terms and conditions unlike other Counties. Vihiga doctors therefore don't have uniform terms of employment like their counterparts in other counties in terms of benefits like car loans, house mortgages and health insurance.
3. That there was no provision of a comprehensive NHIF cover for county hired doctors unlike their counterparts seconded from the National Government despite remitting similar NHIF deductions.
4. That Health workers are not competitively recognized when the county government is recruiting for high level management positions for the County Health departments like Deputy Directors, Chief health Officers, Sub county medical officers and such like positions.
5. That there have been salary delays and NHIF remittances delays cutting across all the Health workers

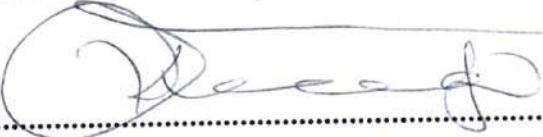
### Committee recommendations

1. That the County executive should standardize the Health Workers Medical scheme across the County
2. That the County government should develop HR manuals to guide in staff recruitment, training and promotions;
3. That the union should be approachable and more receptive to the executive and actively participate in discursive meetings when called upon.

MIN/SEN/SCH/257/2023

### ADJOURNMENT

There being no other business, the meeting was adjourned at six o'clock. The committee then proceeded to Vihiga County Referral Hospital for an inspection tour. The next meeting would be held in Kisumu County on Wednesday, 17<sup>th</sup> May, 2023.

SIGNED: .....

CHAIRPERSON

DATE: .....14/05/2024.....





13<sup>TH</sup> PARLIAMENT | SECOND SESSION

**MINUTES OF THE FIFTEENTH SITTING OF THE STANDING COMMITTEE  
ON HEALTH HELD ON WEDNESDAY 17<sup>TH</sup> MAY, 2023 AT 11.00 A.M. AT  
KISUMU COUNTY ASSEMBLY CHAMBER.**

**PRESENT**

1. Sen. Jackson Kiplagat Mandago, EGH, MP	-	<b>Chairperson</b>
2. Sen. Mariam Sheikh Omar, MP	-	<b>Vice-Chairperson</b>
3. Sen. Erick Okong'o Mogeni, SC, MP	-	Member
4. Sen. Hamida Kibwana, MP	-	Member
5. Sen. Esther Anyieni Okenyuri, MP	-	Member

**ABSENT WITH APOLOGY**

1. Sen. Ledama Olekina, MP	-	Member
2. Sen. Raphael Chimera, MP	-	Member
3. Sen. Joseph Nyutu Ngugi, MP	-	Member
4. Sen. Abdul Mohamed Haji, MP	-	Member

**SECRETARIAT**

1. Dr. Christine Sagini	-	Clerk Assistant
2. Ms. Florence Waweru	-	Clerk Assistant
3. Ms. Angela Kagunyi	-	Legal Counsel
4. Ms. Njeri Manga	-	Media Relations
5. Ms. Annette Khayale	-	Research Officer
6. Mr. Victor Kimani	-	Audio Officer
7. Ms. Lilian Onyari	-	Fiscal Analyst
8. Mr. Ibrahim Hassan	-	Sergeant at Arms

**INATTENDANCE – (As Annexed; in-attendance sheet)**

**MIN/SEN/SCH/ 258/2023**

**PRELIMINARIES**

The meeting was called to order at ten minutes past eleven o'clock with a word of prayer and a round of introductions.

**MIN/SEN/SCH/259/2023**

**MEETING WITH SPEAKER OF KISUMU COUNTY  
ASSEMBLY AND THE COUNTY ASSEMBLY  
HEALTH COMMITTEE**

The meeting was informed that at the sitting of the Senate held on Thursday, 13<sup>th</sup> April, 2023, Sen. (Prof.) Tom Odhiambo Ojienda, SC, MP sought statements from the Committee as follows:

1. A Statement on the impending strike by doctors in public health facilities in Kisumu County due to salary delays and failure to remit statutory deductions. In the statement, the Committee was requested to;

- a) Apprise the Senate on the reasons for the two months' delay in payment of doctors' salaries as well as the non-remittance of statutory deductions;
- b) Elucidate on the status of the negotiations between the County Government and the Doctor's Union to resolve the issues;
- c) Indicate the budgetary allocation to the healthcare sector in Kisumu County in the financial years 2021/2022 and 2022/2023, stating how funds have been utilized; and
- d) State the plans, if any, put in place by the County Government to support unpaid doctors and healthcare workers and to avert the recurrence of such strikes in the future.

2. A statement regarding the state of affairs at the Ahero Sub-County Hospital in Kisumu County. In the statement the Committee was requested to;

- a) Indicate the current staffing level at the Ahero Sub County Hospital as well as measures being taken to ensure the hospital has adequate personnel, medical supplies and medications to improve the quality of healthcare;
- b) Shed light on reports of documented incidents of bullying of patients and employees at the facility and state the steps being taken to address the issue;
- c) Indicate the average wait times for emergency procedures such as cesarean sections, and state the steps being taken to guarantee timely access to these procedures in order to improve the caliber of healthcare services for expectant mothers;



- d) Provide an overview of the current state of the hospital's infrastructure and equipment and give a clear roadmap for the renovation and modernization of the facility.

Thereafter *Vide* letters, Ref. SEN/DSEC/SCH/043/2023 (1), dated 28<sup>th</sup> April, 2023, the Governor, Kisumu County, was requested to submit written responses to the statements sought and the committee resolved to undertake an inspection tour of the mentioned facility while further deliberate on the general status of the Health care provision in Kisumu County.

The meeting was informed on the following

1. That the Kisumu Health sector is understaffed and that over 50 % of the Health workers serve at the Jaromogi Oginga Odinga Teaching and Referral Hospital.
2. Further, that 30% of the Kisumu County budget goes to the Health sector; however, the funds are inadequate since JOTRH serves as a referral hospital for over five surrounding counties.
3. That the County no longer receives funding and grants from NGOs and development partners and this has particularly affected operations of most faith based hospitals further compounded by the delayed reimbursements from NHIF
4. That the Ahero Sub County hospital is inadequately funded and staffed hence a need to relook at a revamping strategy.
5. That the county experiences high levels of Health-care workers' turnover largely attributed to better terms of employment overseas
6. That Kisumu County supports the idea/proposal to have JOTRH moved back to the National Government so as to enhance better service delivery.
7. That generally all government hospitals in the county are poorly equipped.
8. That the delays in funds disbursements from the National government affects the services provision

#### **Committee recommendations and resolutions**

Based on the foregoing, the committee expressed the following;

1. That the County government should submit a status report on all Health care workers who have left service due to various reasons and provide proof of their replacements.
2. Further, the County government should submit a report of the NHIF owed reimbursements to hospitals, particularly the Faith based hospitals.

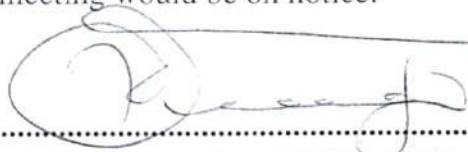


3. Moreover, that the County could consider having separate budgets for the County assembly and executive to enhance efficiency.

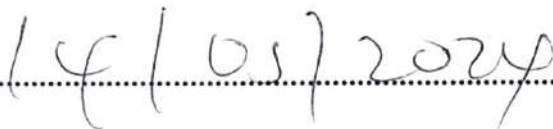
MIN/SEN/SCH/260/2023

ADJOURNMENT

There being no other business, the meeting was adjourned at thirty minutes past eleven. The Committee then proceeded to the Governor's office for a courtesy visit and meeting. The next meeting would be on notice.

SIGNED:  .....

CHAIRPERSON

DATE:  .....



13<sup>TH</sup> PARLIAMENT | SECOND SESSION

**MINUTES OF THE FIFTY FIRST SITTING OF THE STANDING COMMITTEE  
ON HEALTH HELD ON WEDNESDAY 17<sup>TH</sup> MAY, 2023 AT NOON AT  
GOVERNOR'S BOARDROOM, KISUMU COUNTY.**

**PRESENT**

- |   |   |                  |
|---|---|------------------|
| 1. Sen. Jackson Kiplagat Mandago, EGH, MP | - | Chairperson      |
| 2. Sen. Mariam Sheikh Omar, MP            | - | Vice-Chairperson |
| 3. Sen. Erick Okong'o Mogeni, SC, MP      | - | Member           |
| 4. Sen. Hamida Kibwana, MP                | - | Member           |
| 5. Sen. Esther Anyieni Okenyuri, MP       | - | Member           |

**ABSENT WITH APOLOGY**

- |                                |   |        |
|--------------------------------|---|--------|
| 1. Sen. Ledama Olekina, MP     | - | Member |
| 2. Sen. Raphael Chimera, MP    | - | Member |
| 3. Sen. Joseph Nyutu Ngugi, MP | - | Member |
| 4. Sen. Abdul Mohamed Haji, MP | - | Member |

**SECRETARIAT**

- |                         |   |                  |
|-------------------------|---|------------------|
| 1. Dr. Christine Sagini | - | Clerk Assistant  |
| 2. Ms. Florence Waweru  | - | Clerk Assistant  |
| 3. Ms. Angela Kagunyi   | - | Legal Counsel    |
| 4. Ms. Njeri Manga      | - | Media Relations  |
| 5. Ms. Annette Khayale  | - | Research Officer |
| 6. Mr. Victor Kimani    | - | Audio Officer    |
| 7. Ms. Lilian Onyari    | - | Fiscal Analyst   |
| 8. Mr. Ibrahim Hassan   | - | Sergeant at Arms |

**IN-ATTENDANCE – (Refer to Annexed; in-attendance sheet)**

**MIN/SEN/SCH/ 261/2023**

**PRELIMINARIES**

The meeting was called to order at ten minutes past noon with a word of prayer and a round of introductions.

**MIN/SEN/SCH/262/2023**

**MEETING WITH DEPUTY GOVERNOR, KISUMU  
COUNTY AND HEALTH OFFICIALS IN GOVERNOR'S  
BOARDROOM**

The meeting was informed that at the sitting of the Senate held on Thursday, 13<sup>th</sup> April, 2023, Sen. (Prof.) Tom Odhiambo Ojienda, SC, MP sought statements from the Committee as follows:

1. A Statement on the impending strike by doctors in public health facilities in Kisumu County due to salary delays and failure to remit statutory deductions. In the Statement, the Committee was requested to-

- a) Apprise the Senate on the reasons for the two months' delay in payment of doctors' salaries as well as the non-remittance of statutory deductions;
- b) Elucidate on the status of the negotiations between the County Government and the Doctor's Union to resolve the issues;
- c) Indicate the budgetary allocation to the healthcare sector in Kisumu County in the financial years 2021/2022 and 2022/2023, stating how funds have been utilized; and
- d) State the plans, if any, put in place by the County Government to support unpaid doctors and healthcare workers and to avert the recurrence of such strikes in the future.

2. A statement regarding the state of affairs at the Ahero Sub-County Hospital in Kisumu County. In the Statement, the Committee was requested to-

- a) Indicate the current staffing level at the Ahero Sub County Hospital as well as measures being taken to ensure the hospital has adequate personnel, medical supplies and medications to improve the quality of healthcare;
- b) Shed light on reports of documented incidents of bullying of patients and employees at the facility and state the steps being taken to address the issue;
- c) Indicate the average wait times for emergency procedures such as cesarean sections, and state the steps being taken to guarantee timely access to these procedures in order to improve the caliber of healthcare services for expectant mothers;
- d) Provide an overview of the current state of the hospital's infrastructure and equipment and give a clear roadmap for the renovation and modernization of the facility.



Thereafter *Vide* letters, Ref. SEN/DSEC/SCH/043/2023 (1), dated 28<sup>th</sup> April, 2023, the Governor, Kisumu County, was requested to submit written responses to the statements sought and the committee resolved to undertake an inspection tour of the mentioned facility while further deliberate on the general status of the Health care provision in Kisumu County.

The meeting was informed as follows;

1. That there were /are delays in disbursements of funds from the National Government therefore as a mitigation measure to avoid delays in County staff salaries' payments the county has MOUs in place with their Local Banks for ease access to loans to pay the workers' net salaries
2. Due to the working arrangement mentioned above the County government is therefore able to remit all statutory deductions on time to avoid penalties except for the workers' loan repayments to Saccos.
3. That the County government has an FIF act in place that facilitates all level 4 and 5 hospitals to retain all their collections.
4. That the KEMSA fill rate is at 60% and that 40% of the county budget goes to the purchase of drugs/pharmaceuticals;
5. That the County government has put in place control measures/ mechanisms in place such as tool free lines, suggestion boxes at health facilities and even an online website as reporting avenues o matters such as on Hospital staff /patients bullying, patients' mishandling etc.
6. That JOTRH is the 2<sup>nd</sup> biggest hospital in kenya after Kenyatta Hospital and has further been accredited by KMPDU and recommended to be scaled up to a level 6A hospital but awaiting declaration from MOH;
7. However, JOTRH is heavily understaffed and underfunded and therefore much needs to be done to replace medical staff who leave due to greener pastures or natural attrition and also improve funding.
8. Moreover, that NHIF owes JTTRH reimbursements in the tune of Ksh.130 Million which adversely affects the Hospital's operating capacity.
9. That the Strike notice by Health workers did not take off after the workers signed a return to work formula with the doctors. All parties were cognizant of the fact that the delays in payment of salaries was a National problem rather than a County problem.

#### **Committee resolutions and recommendations**

1. That the committee will seek responses from NHIF with regards to the delayed disbursements to JOTRH;
2. That for better mental health care for mothers all hospitals should have separate wards for mothers who loose pregnancies/babies during delivery
3. That the committee will follow up with the Ministry of Health with regards to the delay in the upgrading of JOTRH to a level 6 hospital.

4. That the committee will seek a report from the County government to give a detailed breakdown of revenue collection and expenditure under JOTRH, Hospital's FIF and details of any additional capitation to the facility by the County Government;
5. That further, the county Government should provide a report on the details of the disciplinary cases that have been handled at JOTRH, including timelines, and which cases have been resolved and which ones are still pending;
6. That County should submit data on all medical staff that have left service, stating the reasons and measures in place for replacement/ data on replacements done.

MIN/SEN/SCH/263/2023

ADJOURNMENT

There being no other business, the meeting was adjourned at two o'clock. The committee then proceeded to Ahero Sub County Hospital for the inspection tour. The next meeting would be on notice.

SIGNED: .....  
CHAIRPERSON

DATE: .....  
14/08/2024

REPUBLIC OF KENYA



THIRTEENTH PARLIAMENT | SECOND SESSION  
THE SENATE

STANDING COMMITTEE ON HEALTH

INSPECTION TOUR OF COUNTY REFERRAL HOSPITALS - WESTERN LEG  
KISUMU, VIHIGA, KISII AND NYAMIRA

TUESDAY, 16<sup>TH</sup> TO THURSDAY, 18<sup>TH</sup> MAY, 2023

DATES	COUNTY	ACTIVITY	REMARKS
Monday, 15 <sup>th</sup> May, 2023	Travel Date	<ul style="list-style-type: none"><li>- Depart for Kisumu County</li><li>- Accommodation in Kisumu</li></ul>	
Tuesday, 16 <sup>th</sup> May, 2023	Vihiga County	<ul style="list-style-type: none"><li>- Courtesy call to the County Commissioner, Vihiga County.</li><li>- Meeting with the Health Committee of the County Assembly of Vihiga.</li><li>- Meeting with Vihiga County health workers</li></ul>	

APPENDIX  
2



		<ul style="list-style-type: none"> <li>- Meeting with the County Executive of Vihiga County</li> <li>- Visit to Vihiga County Referral Hospital</li> <li>- Departure for Kisumu</li> </ul>	
Wednesday, 17 <sup>th</sup> May, 2023	Kisumu	<ul style="list-style-type: none"> <li>- Courtesy call to the County Commissioner, Kisii County.</li> <li>- Meeting with the Health Committee of the County Assembly of Kisumu.</li> <li>- Meeting with the County Executive of Kisumu County</li> <li>- Visit to Jaramogi Oginga Odinga Teaching and Referral Hospital and Ahero County Referral Hospital</li> </ul>	
Thursday, 18 <sup>th</sup> May 2023	Departure		

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