

COUNTY GOVERNMENT OF KISUMU



COUNTY ASSEMBLY OF KISUMU

THE HANSARD

SECOND ASSEMBLY – FOURTH SESSION

Wednesday, 11th March, 2020

House met in the Main Chamber at 02:30 p.m.

(The Temporary Speaker (Hon. Seth Okumu) in the Chair)

PRAYERS

The Temporary Speaker (Hon. Okumu): Thank you Hon. Members. Madam Clerk can you please take us through the order paper of the day?

The Temporary Speaker (Hon. Okumu): Next order!

COMMUNICATION FROM THE CHAIR

The Temporary Speaker (Hon. Okumu): Hon. Members, we have visitors in the House who are working in different departments in the Ministry of Health and I want to welcome all of you. I can recognize on Mr. Clause who is a Clinical Officer, I am yet to receive the names of the other guests so that we can recognize them in the House and equally appreciate their presence here today. Thank you.

The Temporary Speaker (Hon. Okumu): Next order!

PAPERS LAID

The Temporary Speaker (Hon. Okumu): Hon. Khan.

Hon. Khan: Thank you Mr. Speaker. On behalf of the Chairman, Kisumu County Budget and Appropriations Committee. Pursuant to the provisions of Standing Orders No. 221. I wish to lay before this House today 11th March, 2020 the Report on the Kisumu County Fiscal Strategy Paper FY 2020/2021. Thank you.

The Temporary Speaker (Hon. Okumu): Thank you Hon. Alsam Khan. I wish to acknowledge receipt of the Kisumu County Fiscal Strategy Paper FY 2020/2021.

(Hon. Khan tables the Report before the House)

The Temporary Speaker (Hon. Okumu): Yes Hon. Jagongo.

Hon. Jagongo: Thank you Mr. Speaker. I equally wish to lay before this House today 11th March, 2020 a Report on the Status of Health Facilities and Workers within Kisumu County by the Health and Sanitation Committee. Thank you.

(Leader of Majority consults with the Clerks at the Table)

The Temporary Speaker (Hon. Okumu): Hon. Leader of majority, could you please accord the Table Clerks time so that we can dispense of these agendas of the House.

The Temporary Speaker (Hon. Okumu): Can the Clerk please approach the chair.

(The Speaker consults with the Clerks)

The Temporary Speaker (Hon. Okumu): Hon. Jagongo, you just laid a paper and I am yet to receive it. Where did it go? Please table your report before the House so that we acknowledge its receipts.

(Chairperson Health Services tables the Report before the House)

The Temporary Speaker (Hon. Okumu): Thank you Hon. Jagongo. I wish to acknowledge receipt of Report from the Committee of Health and Sanitation Committee on the Status of Health Facilities and Workers within Kisumu County by the Chairperson, Health and Sanitation Committee. Thank you.

The Temporary Speaker (Hon. Okumu): Next order!

NOTICE OF MOTION

The Temporary Speaker (Hon. Okumu): Hon. Khan.

Hon. Khan: Thank you Mr. Speaker. Pursuant to the provisions of Standing Order No. 45. I wish to give a Notice of Motion on the Report from the Budget and Appropriations Committee on the Kisumu County Fiscal Strategy Paper FY 2020/2021. Thank you.

The Temporary Speaker (Hon. Okumu): Next order!

STATEMENTS

The Temporary Speaker (Hon. Okumu): Hon. Kanga.

Hon. Kanga: Thank you Mr. Speaker. I would like to bring to the attention of the House that, on the Statement that was sought by Hon. Otura on 04th March, 2020 seeking to know the status of KRB Roads and the status of some specific roads in various Wards.

Mr. Speaker, I would like to inform the House that the Assembly Communication Department uploaded the Report in our WhatsApp Platform and I would wish to indulge Hon. Members especially the elected ones to have a look into that report so that when I will be responding on the question tomorrow as was forwarded by the CEC Member for Roads, Transport and Public Works that will be able to react appropriately or make remarks as per what is indicated in the Report because the reports states some percentages and we all know that Hon. Members are the representatives of the people and they are aware of the status of various projects undertaken in their respective Wards as far as KRB Road Projects is concerned.

Mr. Speaker, when I will be responding on the query tomorrow at 02:30 p.m., they will be in a position to interrogate and make statements as per the status of KRB Road Projects in their Wards. Thank you.

The Temporary Speaker (Hon. Okumu): Thank you Chair for Roads, Transport and Public Works Committee. I can see that the report is already in the WhatsApp Page as you mentioned and equally want to urge Members to have a look at it so that they can interrogate it tomorrow. Make sure that you are allotted time tomorrow to present it.

The Temporary Speaker (Hon. Okumu): Any other Statement Hon. Members?

The Temporary Speaker (Hon. Okumu): Next order!

MOTION

AD HOC COMMITTEE REPORT ON INQUEST ON DEPLORABLE CONDITIONS IN HEALTH FACILITIES IN KISUMU COUNTY.

BY HON. BEATRICE PAMELA, CHAIRPERSON, AD HOC COMMITTEE.

The Temporary Speaker (Hon. Okumu): Hon. Beatrice Pamela Ochieng, Chairperson, Ad hoc Committee.

Hon. Beatrice Pamela Ochieng: Thank you Mr. Speaker. I would wish to bring to the Assembly a Report from the Ad hoc Committee that was constituted specifically to look into the

Deplorable Health Conditions of our Health Facilities and the reasons behind the perennial Industrial Strikes and Go-slows by our Health Workers and to come up with recommendations on the same to improve Healthcare in Kisumu County.

Mr. Speaker, the Speaker, in his ruling gave the Committee time to conclude the inquest and report back to this House on Wednesday, 11th March, 2020 in the afternoon session which we are doing now.

Terms of Reference of the Committee.

The Committee in undertaking its mandated was guided by the following TOR.

1. To ascertain the effectiveness of Policies developed in the Health Sector (UHC)
2. Whether Healthcare Financing is adequate, timely disbursements and the legibility of Facility Improvement Funds (FIF).
3. To ascertain the Human Resource Capacity needs and staffing levels in Health Facilities and issues necessitating constant strikes/go-slows.
4. Dispute Resolutions mechanisms/honoring of agreements.
5. Whether Health Institutions in the County have access to sufficient supply of Commodities (Pharmaceutical and Non-pharmaceuticals)

What the Ad hoc Committee Hopes to Achieve?

Pursuant to the provision of the above mentioned Act, Ad hoc Committee are constituted for specific purposes and delve into key issues raised by either the Public or Members of the House through Petitions or Statement.

The Health sectors is the largest sector to be devolved and this was to allow the county Government to design innovative methods and interventions that would suite the unique health needs in their contexts by encouraging effective utilization of funds and Human Resource to enable them make quick and autonomous decisions on resource mobilization and management.

However, it has been noted that the sector is grappling with monumental challenges ranging from the following;

- a) Capacity gaps
- b) Human Resource Deficiencies
- c) Lack of institutional Infrastructure and Commodities
- d) Conflictual relation with the National Government when it comes to resource allocations and optimal disbursements.
- e) Inadequate dispute resolution mechanisms and feedback.
- f) Procrastination in honoring agreements (CBAs) and Promotions.

It is in this backdrop that the Committee is mandated to delve into these key matter with a view of making drastic recommendations for reforms in this sector and hope that this House will look into them and compel the Executive to implement for the sustainability of the Healthcare.

Membership of the Committee

The Ad hoc Committee is constituted as below;

1. Hon. Beatrice Pamela - Chairperson
2. Hon. Paul Okiri - Member
3. Hon. Aslam Khan - Member
4. Hon. Benny Pete Oiko - Member
5. Hon. Beatrice Odongo - Member
6. Hon. George Ogutu - Member
7. Hon. Philemon Ojuok - Member
8. Hon. Vitalis Otura - Member
9. Hon. Maurice Ngeta - Member

Acknowledgment

Hon Speaker and Hon. Members, on behalf of the Ad hoc Committee mandated to delve into the Deplorable Health Conditions in the County would like to convey it's gratitude to the Office of the Speaker of the County Assembly for enabling the Committee convene its sitting even during uneven hours. To the Office of the Clerk for providing the Committee with the necessary logistics to enable the Committee move freely while undertaking Field Visits to Health Facilities in the County.

Further, to the Staff of various Health Facilities that provided this Committee with valuable information. To both the County Executive Committee Members for Health Services and County Executive Committee Members for Finance and Economic Planning who heeded to our invitation despite the short notice that they were to appear before the Committee.

To member of the Ad hoc Committee who showed their dedication during the entire process by sitting long hours and forfeiture of other key roles to ensure that the Committee delivers on its mandate.

To the technical staff, whom offered their unwavering and continued support, assistance and commitment in diligently executing their duties. I would lie congratulate you all.

It is therefore my pleasant duty, on behalf of the Ad Hoc to present this Report and recommendations or consideration and adoption by the House.

COMMITTEE PROCEEDINGS

Hon Speaker and Hon. Members, the Committee held several meetings in March, 2020 with the initial sitting was to come up with a TOR and a Workplan/Itinerary which is to guide the activities of the Committee,

The Committee in week one accordance to the TOR visited Health Facilities per Sub-county to get an array of issues from the Stakeholder who are the Staff of Health Facilities to get fast-hand information on issues affecting the Sector. It later invited various CEC Members, Chief Officer from relevant Department and Labour Unions to give their input on the matter at hand.

The Committee prepared a Workplan as to assist in achieving its mandated as below;

Date	Time	Activity	Responsible Persons
Tuesday, 04 th March, 2020	08:00 am to 09:00 am	- Committee Meeting - Strategic Approach to Activities to be executed	- Committee Members - Secretariat
	09:00 am to 12:00 pm	- Field Visit of Health Centres – Kisumu Central Sub-county a) JOOTRH b) Kisumu District Hospital c) Lumumba Health Centre	- Committee Members - Secretariat
Wednesday, 05 th March, 2020	09:00 am to 01:00 pm	- Field Visit of Health Centres – Nyando/Nyakach Sub-county a) Ahero Multi-purpose b) Muhoroni Sub-county Hospital c) Pap-Onditi Health	- Committee Members - Secretariat

		Centre	
Thursday, 06 th March, 2020	09:00 am to 11:00 am	- Field Visit of Health Centres – Kisumu West and Muhoroni Sub-county a) Ramula Health Centre	- Committee Members - Secretariat
	02:30 pm to 04:00 p.m.	- Progress Report to the Assembly	- Committee Chairperson - Member of the Committee
Monday, 09 th March, 2020	09:00 am to 01:00 pm	- Committee Meeting - Way-forward	- Committee Chairperson - Member of the Committee
Tuesday, 10 th March, 2020	09:00 am to 01:00 pm	- Invitation of CEC Member for Health - Invitation of CEC Member for Finance and Economic Planning	- Committee Chairperson - Member of the Committee
Tuesday, 10 th March, 2020	02:00 pm to 04:00 pm	- Invitation of Officials from Labour Unions (Doctors, Nurses and Civil Servants)	- Committee Chairperson - Member of the Committee - Secretariat
Wednesday, 11 th March, 2020	09:00 am to 11:00 am	- Benchmarking with Adoption of Report by Committee	- Committee Chairperson - Member of the Committee - Secretariat
Wednesday,	02:30 p.m.	Tabling of Ad Hoc	- Committee Chairperson

11 th March, 2020		Committee Report of Finding and Recommendations on Deplorable Conditions in Health Facilities in County Hospitals	- Member of the Committee - Secretariat
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Due to time constraints, the Committee was not able to visit all the Health Facilities as was envisaged in the Itinerary and they were compelled to forego some of the visits.

Preamble

Hon. Speaker and Hon. Members, it is my pleasure to present the report of the Ad Hoc Committee on the Inquiry into the Deplorable Health Conditions in Kisumu County.

Legal Basis and Background information

Hon. Speaker and Hon. Members,

Health Services is a devolved functions under part 2 of the Fourth Schedule of the Constitution.

On 27th February, 2020 during the afternoon sitting, and pursuant to Standing Order No. 30, Hon. Maurice Ngeta the MCA for Awasi/Onjiko raised a statement from the Public which among them was the Deplorable Health Condition in the Kisumu County which has in numerous occasions triggered industrial strike by Health Worker rendering bring Health Services in our County to a halt.

During debate on the statement, members recommended the formation of an Ad Hoc Committee to inquire into the issues contained in the statement.

Mr. Speaker and Hon. Members, provision of section 14(1) (b) of the County Government of Act, 2012 bestows a County Assembly the powers to establish an Ad hoc Committee Committees in such manner and for such general or special purposes as it considers fit, and regulate the procedure of any committee so established.

Therefore on Thursday, 27th February, 2020 the Honourable Speaker ceded to demand by Hon. Members after an appeal was raised by the Leader of Majority that an Ad hoc Committee needs to be constituted to immediately look into issues raised in that emanated from Statement and make fundamental recommendations on finding report back to the House within 7 days.

Pursuant to the provisions of County Assembly Standing Orders No. 152, the Committee on Thursday, 05th March, 2020 complied with the Speaker's ruling and tabled before the House and requested that as a result of the work at hand and the importance of the raised during their Field Visits which were guided by an Itinerary, the Committee made a humble request to the Hon. Speaker and sought the leave of the House since they had managed to achieve only 45% of the task mandated, that they be accorded more time to complete their mandate and report back to the House at a time that the Speaker will dictate.

The Speaker in his ruling gave the Committee time to conclude their inquest and report back to the House on Wednesday, 11th March, 2020 in the Afternoon session.

Mr. Speaker,

BACKGROUND

OVERVIEW OF HEALTHCARE FINANCING IN COUNTIES

UNIVERSAL HEALTH CARE (UHC) VISA-VIE FACILITY IMPROVEMENT FINANCING (FIF)

Kenya has adopted Universal Health Coverage as one of the big four priority agenda by His Excellency the President, with an aspiration that by 2022, all persons in Kenya will be able to use the essential services they need for their health and wellbeing through a single unified benefit package, without the risk of financial catastrophe.

In pursuance of human right to health, the WHO, 2005 urged member countries to aim at providing universally accessible health care to all members of the population based on the principles of equity and solidarity. The human right to health has been enshrined in Kenya's Constitution 2010 and development agenda outlined in Vision 2030.

The current epidemiological transition from communicable conditions to the triple burden of disease marked by emerging non-communicable conditions and injuries; coupled by efforts by the government to increase access through free maternity and primary healthcare services, has led to an increase in the demand and access to health services. There have been additional efforts to increase access seen by an increased number of health facilities providing UHC services from 41% to 55% between 2013 to 2016, increased staff and equipment through the managed equipment service at all levels in the health Sector has also compounded the challenge.

Development of a health financing strategy has ensure that the entire population is covered

with some form of insurance is also underway. Increased access and demand for services, call for deliberate efforts to ensure that the services offered are of high quality. In order to ensure that quality services are offered, Kenya has adopted a national quality assurance framework - the Kenya Quality Model for Health (KQMH), which provides a pathway through which optimal levels of patient safety can be achieved, and introduction of joint health inspections checklists, which emphasize on risk based ranking of facilities, and enforcement of an appropriate followup action.

This will lead to a locally driven quality assurance framework on which a regulation and accreditation system can be developed to incentivize facilities to move towards accreditation and total quality management. This will create a level playing field for competition towards the highest attainable standards of quality of care as stipulated in the Constitution.

Key Message

Universal health coverage (UHC) is the access to safe, effective, quality essential health care services, including affordable essential medicines and vaccines for all without going into poverty. There have been deliberate efforts to increase access and demand for healthcare services. Emphasis on improving quality of health services needs to be prioritized in order to achieve UHC. Mechanisms to enforce quality of services need to be institutionalized and legislated at all levels.

Number of Households registered under UHC

In conducting registration of UHC the County Government used a method known as the fix post and mobile registration agent in all Public Health Facilities and high volume public places. They also used schools where data was collected and managed to register 951,029 which is 85%.

UHC Financing

The National Government was to supplement the County Budget Hospitals Budgetary Allocation for foregone Use fees to the tune of Kshs 876,121,178.00 for the one year during the Pilot Phase

In the FY under review the County Government of Kisumu is envisaged to receive fund from the National Government to the tune of Kshs 876,121,178.00 and has so far received Kshs 417,603,165.00 (47.7%). This includes the County Budgetary Allocation to Health services FY 2018/2019 which stands at Kshs 3,278,469,761. The national Government Grant for UHC Kshs Kshs 876,121,178.00 (December 2018 to November, 2019).

Summary

Quarter	Months	Amount Disbursed (Kshs)
1	December, 2018	91,525,544.96
1, 2 & 3	Health Product and Technology (KEMSA)	326,077,620.00

Pending Funds from the National Government

Quarter	Item Description	Amount	%
3	Public Health Services	458,518,013.00	53%
4	UHC Health Commodities (KEMSA)	108,692,540.28	
	CHV Kits (KEMSA)	39,777,355.06	
	Basic Equipment (KEMSA)	35,471,482.85	

Challenges

- a) Inadequate number of staff at County Hospitals. (Acute Staff Shortages)
- b) Inadequate financing to ensure enforcement of quality through inspection and supervision.

FACILITY IMPROVEMENT FUNDS (FIF)ALLOW LEVEL 5 HOSPITALS TO RETAIN AND MANAGE THEIR FACILITY IMPROVEMENT FUND COLLECTIONS

Facility Improvement Fund is revenue collected at public health facilities as user fees paid to defray the costs of running these facilities. This fund is usually vital in enabling facilities to manage their day-to-day expenses and manage situations where emergency supplies have to be acquired. This brief argues that:

- Level 5 facilities should be allowed to operate and manage bank accounts for the facility improvement fund

- Counties should adopt legislation that is consistent with the Public Finance Management Act, 2012 (PFM Act) and the Public Procurement and Disposal Act, 2005, that allows facilities to operate accounts for FIF and be semi-autonomous procurement agents

Rationale

The government has been relying on cost sharing over the past three decades to cater for the deficit in budget allocations to health. In 2002-03, cost sharing contributed over 8 percent of the recurrent expenditure and about 21 percent of the non-wage recurrent budget of the Ministry of Health¹. Facilities have in the past been managing these funds as part of their operational budgets.

With Level 5 hospitals falling under county management since devolution of health, most of the counties hosting these facilities have required them to shut their accounts, where the user fees have been previously held, and bank their funds with the County Treasury, arguing that this is a requirement of the Public Finance Management Act (2012). Getting these funds back to the facility after banking them with the County Treasury has been challenging due to delays in disbursements, counties insisting on managing these funds directly and procuring on behalf of the facilities, and a plough back rate that is less than what was initially banked. This has in effect resulted in service disruptions in these facilities. Civil Society Organizations working in health conducted a rapid assessment and found the following:

- a) Some of the facilities lose access and control of the money, and this is now at the behest of the county government to disburse or not.
- b) There were reported cases of delays in disbursements in most of the counties in getting back the FIF. This was linked to an overly bureaucratic process requiring many signatures from different people for approval.
- c) Some of the collected funds submitted to the County Treasury had not been remitted to the facilities as at the time of data collection, despite being requested.

Facilities to maintain a Level of autonomy over the FIF while following the law.

The basis of facilities remitting their collections to the County Treasury has been the Public Finance Management Act (2012) which states that all revenue collected as part of county revenue should be managed by the County Treasury.

However, the PFM Act also states instances in which county entities are

allowed to operate separate accounts on the basis of national or county legislation's long as it is in line with the PFM Act. Part III Section 109 (2) (a) and (b) further expound on these exceptions;

“109 (2) The County Treasury for each county government shall ensure that all money raised or received by or on behalf of the county government is paid into the County Revenue Fund, except money that

a) is excluded from payment into that Fund because of a provision of this Act or another Act of Parliament, and is payable into another county public fund established for a specific purpose;

(b) may, in accordance with other legislation, this Act or County legislation, be retained by the county government entity which received it for the purposes of defraying its expenses; or

(c) is reasonably excluded by an Act of Parliament as provided in Article 207 of the Constitution.”

Mr. Speaker and Hon. Members, some County Government have enacted the Health Services Bill, which has allowed Level 5 Hospital to manage its funds, and to operate as a semi-autonomous procurement agent. This has eased operations at the facility. Part III of the Act section 42 and 43 outline how the health facilities in the county are expected to manage their finances.

a) Level 5 facilities to operate and manage bank accounts for the Facility Improvement Fund

From the rapid assessment, the Facility Improvement Fund was described as a vital source of funding for Level 5 Hospitals. Even during the transition process from national to county management, a number of these facilities heavily relied upon the FIF to keep operations going.

Level 5 hospitals are reported being allowed to manage their FIF by the respective county governments, and this has been instrumental in ensuring smooth running of services in these facilities. As outlined above, Kisumu has approved this Bill awaiting the Governor's Consent and this will enable implementation of county legislation that supports national legislation.

b) Level 5 hospitals to operate as semi-autonomous procurement agents

Across most of the counties, procurement is managed by the county government. The county health ministry makes the decisions on what is to be procured, and also sets the priority for these facilities. From reports that being allowed to procure makes it easier to prioritize in relation to hospital

requirements. As it was in the period before devolution, allowing facilities to procure gives them autonomy to manage situations. This should be done in consideration of county regulations, but without delays in the process. To facilitate this, development and implementation of county legislation that can complement national legislation is fundamental.

SITE/FIELD VISITS AND SITUATION ANALYSIS AND ASSESSMENT OF HEALTH FACILITIES IN THE COUNTY

As outlined earlier, the Ad Hoc Committee as part of their mandate visited Health Facilities and came up with the following;

1. JARAMOGI OGINGA ODINGA TEACHING AND REFERRAL HOSPITAL (JOOTRH)

The Committee had the privilege to visit JOOTRH and was welcomed by the Chief Officer and Departmental Heads and the Committee gathered;

Observation and Finding

- The facility in FY 2019/2020 was envisaged to receive funds to the tune of Kshs 206,482,791.00 so far it has only and has only received Kshs 99,634,684.00 in Q1 with a deficit of Kshs 106,848,107.00. (Annexed)
- Before the inception of UHC the Facility used to collect Kshs 120,000,000 annually in for of Facility Improvement Fund (FIF)
- The Facility does not have a Health Budget as a result of dependency on UCH funding
- JOOTRH is owed unremitted funds by the Executive to the tune of Kshs 700,000,000.
- With the advent of UHC which comes with free medical services, there has been a surplus of patients and the staffing levels have not been addressed with that ratio of 1 nurse to 40 patients which is contrary to the WHO requirements. The Facility has 1 Surgeon with recommended number is 10 and it has 2 Physicians
- The Hospital does not have adequate Commodities as a result of the overload by patients coming for free medical services (Pharmaceuticals and Non-pharmaceuticals) i.e. the Laboratory does not have the basic Reagents to carry out Lab tests.
- The Facility has a Pending Bill of Kshs 659,000,000 which has not been settled since 2012.
- The facility has an Annex the Victoria Hospital which is expected to support JOOTRH but it is dependent on JOOTRH contrary to its objectives. Funds realized

from Victoria Amenity Hospital through Paybill No. 208956 cannot be accounted for.

- JOOTRH has a training facility offering with 15 students offering Specialized Courses. These courses are charged Kshs 230,000.00 per students. These amounts once paid are not ploughed back to the facility.

2. LUMUMBA HEALTH CENTRE

The Committee visited Lumumba Health Centre on Tuesday, 03rd March, 2020 and observed the following.

Observation and Finding

- The Facility is being funded by Kisumu Urban Project (KUP)
- Facility received UHC funds in Q1 FY 2018/2019 Kshs 1,193,585.00, Q1 FY 2019/2020 Kshs 700,000.00
- Facility owed Kshs 2,315,970.00 in UHC Disbursements.
- The Facility is privileged to store Commodities (Pharmaceutical and Non-pharmaceutical) for the Beyond Zero Campaign run by the First Lady, Lucy Kenyatta and replenishes its commodities from the Campaign Stores.
- The Facility has an acute shortage of Staff
- Since inception of UHC, the Facility received Kshs 118,000,000.00 in Q1 FY 2018/2019.
- The Facility Equipment are to be funded by KUP
- The Facility is not supported by Beyond Zero Campaign runs out of basis Commodities as Cotton Wool to assist Expectant Mothers during Deliveries.

3. KISUMU SUB-COUNTY REFERRAL HOSPITAL

The Committee on Tuesday, 03rd March, 2020 visited Kisumu Sub-county Hospital where they were received by Medical Superintendent and the Hospital Administrator and observed the following.

Observations and Findings

- The facility is operating in debt and they have to be in good rapport with the Suppliers to access Supplies
- The facility prior to inception of UHC used to collect Kshs 18,000,000 per Quarter. They have to depend on Fund from the Executive of Kshs 6,500,000.00 which is disbursed in quarters with the last disbursement being December, 2019
- The Facility is envisaged to receive Kshs 26 million in the FY 2019/2020 which is in doubt.
- Facility has an accumulated debt of Kshs 70,000,000 owed to Suppliers

- The facility used to receive FIF Funds tranche as follows Q1 9,000,000, Q2 6,000,000 and Q3 Kshs 4,400,000.00
- The facility was last supplied with Commodities by KEMSA in December, 2019. Some of these Supplies are not compatible with equipment.

4. AHERO SUB-COUNTY HOSPITAL

The Committee on Wednesday, 03rd March, 2020 visited Ahero Sub-county Hospital where they were received by Hospital Administrator, Accountant and Matron observed the following.

Observations and Findings

- The Facility is 100% UHC Compliant and only depends on Financing from UHC.
- Commodity supplied by KEMSA.
- Budgetary Allocation and collection prior to UHC Kshs 5 million per annum.
- Disbursement in Q4 May, 2018 Kshs 2,500,000, subsequent disbursement of Kshs 700,000 in February, 2019.
- The Facility has acute shortage of Staff, employment of Casuals to assist in operational duties.
- Electricity disconnected for lack of payment, use back-up Generator (Electricity not paid for the last three months)
- Facility has no running water and uses a Borehole
- Fund operations using fees from the Morgue.
- Revenue banked in Maternity Account and not ploughed back despite the funding challenges.
- KEMSA does not have the capacity to supply potential drugs and Lab Reagents and the facility is left to borrow from sister facilities when commodities are depleted.
- The facility does not have the basic Malaria Drugs, Cotton Wool, Gloves, Solvents and Clamp Cords in stores
- UHC Pilot Project ended in December, 2019 contract has not been signed leaving facilities in uncertainty.
- Casual Labourers have not been paid for the last 5 (five) months as a result of funding constraints.
- Feeding programme for inpatients undertaken with Suppliers Goodwill.
- Acute shortage of staff to run key duties i.e. Doctors (2) recommended ratio (4), Nurses (34) against a deficit of 40, Lab Technicians (9) against a deficit of 15.

- Radiology is operational but no personnel to operate it.

5. NYAKACH SUB-COUNTY HOSPITAL

The Committee on Wednesday, 03rd March, 2020 visited Ahero Sub-county Hospital where they were received by medical Superintendent and the Clerk. The committee observed the following.

Observations and Findings

- Acute shortage of Staff where one staff serves as the Hospital Administrator Procurement Officer, Accountant, Clerk, Storekeeper, Secretary, Messenger.
- Inconsistency in funding Q1 26th July, 2019 the facility received Kshs 1,590,738.00. The Facility is envisaged to receive from the Executive Kshs 700,000 for Operations and Maintenance
- Facility utilizes fund collected from the Morgue to run critical services as Water and Electricity.
- Casual Worker have not been paid and have outstanding salaries from December, 2019
- KEMSA supplies the facility at optimum level of 60%
- Facility has Ambulances (2) Caravans and (1) Land cruiser

6. RAMULA HEALTH CENTRE - OMBEYI

The Committee on Wednesday, 03rd March, 2020 privileged to visit Ramula Health Centre in Ombeyi Ward, Muhoroni Sub-county.

Observations

- The Facility waiting bay has not been fitted with benches for patients to sit on while waiting for services. Patients were seated on the floor.
- Acute shortage of staff with only one nurse who multi-tasks as the Nurse, Pharmacy, Maternity, and Laboratory Technician and attends to in-patients in the facility.
- Commodity Shortage (Pharmacies and Non-pharmaceutical) they borrow from other Health Facilities.

7. CHULAIMBO SUB-COUNTY HOSPITAL

The Committee on Wednesday, 03rd March, 2020 visit Chulaimbo Sub-county Hospital, West Kisumu Sub-county. The following were their findings;

Observation

- The facility does not have feed rationing for in-patient and only feeds patients with left-overs from students. Food Supply Store empty. Patients are advised by the

Hospital to bring food stuff from outside to ailing relatives.

- Facility received funds in Q1 of UHC, operating in deficits.
- The facility does not have power supply, disconnected as a result of non-payment of Kshs 100,000
- No water supply, facility relies on Borehole
- Acute shortage of staff, No Accountant to manage finances disbursed to the facility.
- No funds to purchase Oxygen Tanks to be used in Wards.
- Facility partially supported by Development Partner (AMPATH and UNICEF) which offer training of Students in the facility.

8. Tuesday, 10th March, 2020 the Committee had a Session

1. County Executive Committee Member for Finance and Economic Planning
2. County Executive Committee Member for Health Services

Observation

Department of Finance and Economic Planning

Submissions by the CECM Finance

- Fund collected cannot be disbursed/ploughed back to improve health facilities in line with prevailing legal provisions in the Public Finance Management Act, 2012. All fund collected from Revenue Streams FIF from Health included are banked in one pool and treated as Own Source Revenue.
- PFM Act, 2012 supersedes the Facility Improvement Fund enacted in 2002.
- Fund ploughed back without the support of legal provisions raise Audit Queries.
- Need to enact legislation to enable transfer of Fund (Kisumu County Health Bill, 2019)

Department of Health Services

Submissions by the CECM Health Services

- Department has a staffing level of 1,742 as at 11th March, 2020
- Operational Level in terms of Staff Optimization is at 24%
- The Department has a staff shortage of 7,000 employees as per the recommended ratio
- The department has promoted 864 employees who have received letter of promotion
- 82 letter in the office of County Public Service Board yet to be dispatched.
- Promotions is undertaken in Phases with the first batch being Doctors, Nurses and Laboratory Technicians the rest of the cadre being reviewed by the CPSB
- Need to enact legislation and develop polices to enable transfer back to fund collected

for Facility Improvement Fund.

- The Chief Officer Health Services and the Chief Officer Administration and Policy are not working in harmony to drive the objectives of the Department. There is squabbles in the Department in respect to who is the eligible AIE Holder.

9. Tuesday, 10th March, 2020 the Committee had a Session with Labour Union Officials from Various Representations

These were their submissions regarding grievances that they need the County Government to address.

- Dishonesty in Honouring Agreements and Court Orders i.e. CBA, this is never handled prudently in many cases the Executive resort to taking the legal approach which the ruling is always in favour of the Labour Unions (Annexed)
- Promotions/Redesignations are not undertaken as required by the Human Resource Manual Guidelines on Promotions.
- Stagnation of Worker in one Job Group for more than 10 years.
- Lack of Consultative meeting with CEC Members and the Labour Unions – Poor Communication Channels.
- Salary Delays which are never communicated to the Unions Member and Staff
- Lack of Remittance of Statutory Deduction i.e. Insurance Funds, NHIF, PAYEE and other deductions leading to staff blacklisting by Financial Institutions (CRB)
- Intimidation of Staff in the Department by Chief Officer with threats to deploy Staff in hardship areas if they continue with industrial unrests.

RECOMMENDATIONS

- Development of a Policy to convert JOOTRH to a Parastatal Status to help attract Government Funding to the tune of Kshs 100,000,000 per annum.
- The County Government to undertake a Mobilization Campaign of Public to register in the NHIF Scheme as this will help enhance Revenues in Health Facilities.
- Fast-track Enactment of Policies and develop a County Facility Improvement Funds Bill (FIF Bill) to ring-fence revenues collected through FIF to supplement UHC in the Health Sector and agree on proportions (%) to be disbursed to Health facilities to enhance, improve and provide autonomy of service delivery. A case in Point (Pokot County which passed this Bill in March, 2019)
- Opening of and managing Special Purposes Accounts by Health facilities.
- The County should endeavour to employ more additional staff to address the acute shortages in Health Facilities by first, absorbing staff who were contracted staff and holding letters of appointment and they be deployed as this will curb foreseen legal

issues.

- Identify Supplier who have the capacity to supply commodities to Health Facilities and sharing of surplus resources with other hospitals and healthcare providers
- Make Public the Report on HR Staff Audit undertaken by the Executive to weed out ghost Workers in all Department.
- Facilities should endeavour to improve on Revenue Collections to accord the County favorable rating when it comes to disbursement of Equitable Share.
- County should undertake mobilization of public to register for NHIF to enhance revenues in Health Facilities
- The County should embrace Technology for efficiency in the Supply Chain Management for Pharmaceutical and Non-pharmaceutical to manage supply levels.
- The Chief Officer in the Health Department should work in harmony to ensure services are not disrupted in the Department as a result of squabbles.
- The County to encourage Private Public Participation (PPP) in Healthcare Financing. Finding alternative sources of Funding so that the County is not dependent on the National Government
- The County Executive should endeavour to continually have Consultative forums and advocacy with Labour Unions to enable both parties address issues amiably.
- The CEC Finance to enter into agreement with Financial Institution to pay staff salaries to avoid these chronic and never ending Salary disputes which result into Industrial unrests which erodes the gain made.
- The Political Elite should show goodwill in enhancement of services in the Health sector.
- The County should consider improving of lower level Health facility to reduce pressure on Level 4 Institutions.
- The Executive to adhere to policy with regards to disbursement of funds (5 days disbursement policy)
- Training of Medical Superintendents in Financial Management to enable them keep proper records.
- The County should establish a Monitoring and Evaluation Team to carry out an Audit regarding the milestones achieved and challenges experiences during the UHC Pilot phase visa-vie FIF Funds.

Conclusion

In conclusion, the Committee implores this House to consider adopting this report so that the relevant Government Agencies (the Governor, the CPSB, the Treasury, the County Secretary among others) should take the bold initiative and ensure that Healthcare is adequately funded

move with speed in line with the committee's recommendations and take necessary steps to return sanity in the County Department of Medical Services, Public Health and Sanitation and implements the recommendations of this report. Thank you.

The Temporary Speaker (Hon. Okumu): Hon. Chair, would you identify a seconder for the adoption of your Committee report?

Hon. Beatrice Pamela Ochieng: Thank you Mr. Speaker. I apologize for that. The House is so hot and the report very comprehensive and I just wanted to relax. I want to call upon Hon. Ojuok to second?

The Temporary Speaker (Hon. Okumu): Hon. Ojuok, before you second this report, please confirm if you are a Member of the Ad hoc Committee?

Hon. Ojuok: Thank you Mr. Speaker. I want to categorically conform that I am a full member of the Ad hoc Committee and a Member who never lobbied to be a Member of that Committee.

The Temporary Speaker (Hon. Okumu): Please proceed.

Hon. Ojuok: Thank you Mr. Speaker. I want to fully second this report and in full concurrence with the sentiments in this Report and especially on the time constraints because we would have wanted to have an exhaustive report. Mr. Speaker, considering the nature of this task we were compelled to work within very stringent timelines to deliver on this Report.

Mr. Speaker, I do believe that the recommendations in this report will go a long way in assisting this County to ensure that Health Services get back to where they are supposed to be and I know that where there are deficiencies and limitations in this report, it will assist other Committees of this House by taking it and making further investigations with further recommendations. I do second.

The Temporary Speaker (Hon. Okumu): Thank you Hon. Ojuok. The Ad hoc Committee chaired by Hon. Beatrice Pamela Ochieng has brought a Report on the Probe on the Deplorable Conditions of Health Facilities in Kisumu County. This report has been seconded by Hon. Ojuok and I want to propose that we open this report for debate?

The Temporary Speaker (Hon. Okumu): Hon. Samo.

Hon. Samo: Thank you Mr. Speaker. I wish to indulge this House and I would have asked Members to pray about this Report. This report is indicting all of us here that is both the elected and the nominated members of this House.

Mr. Speaker, we have been in this Assembly for the last three years, and during that period, if we could allow things we are witnessing in this Report to go on unabated then I believe as

Members we have to probe of conscience.

Secondly, I believe that this report absolved me of blame of some of the comments that I have made here before with regards to the Status of Health in Kisumu County. Mr. Speaker, the other time one of our Hon. Members here in this House did say, but I am not quoting any Member's name that the Chairperson of the Health Committee instead of focusing on what is transpiring in the County with regards to Health, goes around dancing and moving from one Department to the other looking for Tenders instead of looking into what is critically ailing the Department of Health. Let me offer you an example and please walk with me through this journey together.

Mr. Speaker, just a week ago, the Chairperson of Health Committee...

The Temporary Speaker (Hon. Okumu): What is it Hon. Jagongo?

Hon. Jagongo: On a Point of Order. Thank you Mr. Speaker. For Statement of Facts, could you rule that Hon. Samo to explain what he meant by the term the Chairperson of Health Committee walking from one Department to the next looking for Tenders? I believe that is defamation and we are past that. Let him withdraw and apologize.

The Temporary Speaker (Hon. Okumu): Hon. Samo, could you please confirm to this House that you have facts that Hon. Jagongo, Chairperson of Health has been running around looking for Tenders or you withdraw and apologize?

Hon. Samo: Mr. Speaker, I am always very careful with my words...

The Temporary Speaker (Hon. Okumu): Could you please verify to this House.

Hon. Samo: Mr. Speaker, I would like to take this House through the memory lane and look into the Hansard Report on the date that we were talking on the Health Issues in this House. I have said before, that one of the Hon. Members did say...

The Temporary Speaker (Hon. Okumu): Hon. Samo, could you please confirm to this House that you have facts that the Chairperson of Health Services has been running around looking for Tenders? Or you withdraw and apologize.

Hon. Samo: Mr. Speaker, you know that I will not withdraw on that, because it is captured in the Hansard Report...

Hon. Khan: On a Point of Order.

The Temporary Speaker (Hon. Okumu): Please proceed.

Hon. Khan: Thank you Mr. Speaker. As one of the Member of the Ad hoc Committee, I cannot recall where I came across Hon. Jagongo being a Supplier or a Tenderer in this County.

Unless we as a Committee did not undertake an in-depth analysis of our findings.

The Temporary Speaker (Hon. Okumu): Hon. Samo, I want to request that, if you cannot substantiate your assertion, please withdraw your claims and apologize.

The Temporary Speaker (Hon. Okumu): Order!! Hon. Otura, do you have any burning issue?

Hon. Otura: Mr. Speaker, I just want to inform this House.

The Temporary Speaker (Hon. Okumu): Please proceed and be brief.

Hon. Otura: Thank you Mr. Speaker. This is a report from an Ad hoc Committee which of course has been well presented in the House and I want to inform Hon. Samo that, the floor was open for discussion on this report. This Committee did not mention any other person apart from those who are concerned in the line of Health Sector. Mr. Speaker, we were reporting on the Deplorable State of Healthcare in Kisumu County and not mentioning the Chairperson of Health and Sanitation Committee as a Tenderpreneur. Thank you.

The Temporary Speaker (Hon. Okumu): Thank you Hon. Otura. Hon. Samo, on that note, I want to direct that you withdraw and apologize to Hon. Jagongo on the unsubstantiated assertions that you made.

Hon. Samo: Mr. Speaker, for me to proceed, let me withdraw...

(Applause)

Please allow me to proceed?

The Temporary Speaker (Hon. Okumu): Hon. Member, please apologize.

Hon. Samo: Mr. Speaker, I have withdrawn, but the facts are there and I have apologized to Hon. Jagongo...

The Temporary Speaker (Hon. Okumu): Hon. Samo. Could you please withdraw and apologize.

Hon. Samo: Mr. Speaker, I withdraw and apologize.

(Applause)

The Temporary Speaker (Hon. Okumu): Please proceed.

Hon. Samo: Thank you Mr. Speaker. Let me come to Muhoroni Sub-county where the Hon. Otura who is equally a Member of this Ad hoc Committee comes from, I believe he is number 8.

Mr. Speaker, Hon. Otura, who is a close friend represents a vast Ward that I believe that I have

interest in. Imagine, if you read No. 14, there is a Health Centre in his Ward known as Ramula Health Centre, Ombeyi Ward. This facility does not even have benches patients can sit on as they await to be attended to by the doctor. Mr. Speaker, why am I saying this? This is the reason I mentioned in my initial statement that we as Members both elected and nominated, our minds and psychology must be probed in this report.

Mr. Speaker, it would have been prudent that the Hon. Member should have brought a Statement regarding this matter with a view to inform us. This should have happened in each and every jurisdiction that we represent.

Mr. Speaker, let me come back to the Chair of the Ad hoc Committee, I did ask the Chair to pay a visit to my ward and I instructed him to specifically visit Gita Health Centre and Opepo Health Centre and she told me that the Committee was constraint with time which has been elaborately captured in this report. If you get time to visit each and every Health Centre in this County, then you will come to the realization that the Health Department has completely flopped.

Mr. Speaker, if you look at this report, we have two Chief Officers who are in constant squabble, I don't know if you will ask me to withdraw and apologize for that? There is a phone call that came from the higher office to a member of this House to go and make peace between these two Chief Officers so that they make this department deliver on its objectives. Mr. Speaker, why was he called, it was because these Officers were not performing their duties...

Hon. Leader of Majority (Hon. Onyango): On a Point of Order!!

The Temporary Speaker (Hon. Okumu): Please proceed Leader of Majority. Please make it short.

Hon. Leader of Majority (Hon. Onyango): Thank you Mr. Speaker. The purpose that we recommended that we constitute an Ad hoc Committee is for us to move away from hearsay and innuendos.

Mr. Speaker, if a Member is saying that there is a phone call that came from the higher office. Please can he substantiate that indeed there was a phone call. Mr. Speaker, why can't we discuss the substance of this report other than side shows, thank you?

Hon. Samo: Mr. Speaker, the Leader of Majority is not reading from this report. It is well captured where we have a problem between Mr. Ouya and Mr. Okwesoo...

The Temporary Speaker (Hon. Okumu): Hon. Samo, I would like to guide you and please stick to the contents of this report and don't move out into phone calls that are not captured in the report so that we are objective and deliberate on the findings of the report. Could you please adhere to that?

Hon. Samo: Mr. Speaker, I am ably directed by you. I want to talk of this report because it captures most of the things that I initially highlighted. Mr. Speaker, you will find out that the JOOTRH which is highlighted in page 10 and 11 which has an annex known as the Victoria Hospital. In the last bullet, you will notice that the facility...

The Temporary Speaker (Hon. Okumu): Leader of Minority, whom do you want to inform?

Leader of Minority (Hon. Oiko): Mr. Speaker, I want to inform the House.

The Temporary Speaker (Hon. Okumu): Please proceed and be concise.

Leader of Minority (Hon. Oiko): Thank you Mr. Speaker. I am pleading with your chair to manage time because this report is of interest and every Member wants to contribute and when one Member takes twenty minutes, the other will not have time to debate. Thank you.

The Temporary Speaker (Hon. Okumu): Hon. Members, I want to guide you, if you wanted time to be controlled, you should have cited the Limitation of Debate which is provided for in our Standing Orders. If you don't provide for that, then, every member is allowed to contribute for at least twenty minutes on a motion that is on the floor. It is only the Leader of Majority who is allowed to talk for sixty minutes. So, without limitation of Debate, you must be prepared for that. If you want the debate on the report to be limited then, you have to move a Motion on Limitation of Debate. Proceed Hon. Roy Samo.

Hon. Samo: Thank you Mr. Speaker. I will be very fair to the Honourable Members by limiting myself to the time indicated. I support this report 101% if that exist. I am saying this because we have been indicted and even the Executive has been to indicted. We need to put our house in order to rescue the situation such that the Health Department can run as it should.

Mr. Speaker, ever since I was born, I have never seen the District Hospital being closed. That has been the case this time. If you go to JOOTRH, that is the case. Why is this happening in our watch? We have not been able to pay attention to it. I have always said and I will always say that we must put our feet on the ground. It is now five months since the recruitment in the department and the new staffs have not been paid. In support of this report, I want to say that we have failed as a County. The Governor has failed. The CEC has failed and the Chief Officer has failed. Are we going to achieve something before re-election in 2022? If it is done, we are going to go down with the Governor too. This report should be implemented in totality. Thank you, Mr. Speaker.

The Temporary Speaker (Hon. Okumu): Yes Hon. Vincent Jagongo.

Hon. Jagongo: Thank you Mr. Speaker. I also want to support the Committee Report but first I would want to inform Hon. Samo that understand his problem. You know he is still suffering from post Oloo psychosis. You must understand that because any time he makes a Statement, he feels that I am the one who caused his problems. Nevertheless, I want to support and make some amendments to the report.

Let us move to Page 8, if you look at the title FIF. Allow Level 5 to retain and manage their facility improvement fund collection. I would want to say that we have no Level 5 in Kisumu County. There are no other Level 5 so let them all be Level 4. If you go to Page 10, the same should be repeated.

Mr. Speaker, as I make my contribution, I have always said in this Assembly that the issue that is affecting the Health Department is not health. It is finance. That is what the report indicates too. The flow of funds to the lowest level hospital within our County is also a challenge. If we can revisit the Kisumu County Health Bill, 2019 that was passed by this Assembly, our problem will be sorted out without that Bill. The Bill stipulated very well how the funds from the National Government should move. We can talk about a lot of things but if we can't implement a Bill that was passed here then we shall go back to the same problem.

We cannot have a system where if there is a disconnection of the electricity in a health Center somewhere then we will have to call the CFO to assist. Let us sort out this matter with the Bill that was passed in this Assembly. In that Bill, there is a Clause that addresses the Health Financing. If we do that, we will cure this problem once and for all.

There is no way you can centralize all the funds within one department. That is the mistake. I was told that that was passed by the Cabinet. We need to find a solution to this problem. I also want to say that the National Government must find a way of dealing with the UHC through a legislation. We understand that the medicine that comes from KEMSA is procured from the National Government not even the Counties.

We cannot blame the Governor when there is no medicine in the hospitals. Sometimes we budgeted for some medicine in this Assembly, what did the Controller of Budget did? That was removed because it was not for the Assembly. That is the sole responsibility of the KEMSA. KEMSA deals with the National Government. The National Assembly should come up with laws that can allow the national government to give some money to the counties for purchase of medicine. If that is done then I think we will move forward. So, we still have a deficit of over Kshs. 400,000,000.

Temporary Speaker (Hon. Okumu): Order Hon. Jagongo! What is it Hon. Roy Samo?

Hon. Samo: I want to inform the House. The Chair is very right but he is missing a certain point. While we say the piloting was done in Machakos, Nyeri, Kisumu and Isiolo, we should be able to check with these other counties before we blame the national government. Why is Machakos doing well and yet they are also piloting the UHC?

Hon. Jagongo: Let me answer that Hon. Speaker. On the issue of pilot, every county had what they were piloting on. Kisumu County was piloting on communicable diseases and the general health. Machakos County was piloting on traffic accidents only and not any other thing. This has been missing on the public. Nyeri County is dealing with lifestyle diseases that are non-

communicable diseases like diabetes, blood pressure. So, we cannot compare the pilot projects. They are not the same. Mr. Speaker, protect me, I want to proceed.

Temporary Speaker (Hon. Okumu): Hon. Chair do you want to be informed?

Hon. Jagongo: No, protect me, I want to proceed.

Temporary Speaker (Hon. Okumu): Let us listen to him. Hon. Jagongo please summarize.

Hon. Jagongo: I have always said that JOOTRH should be moved to the national government. I want to plead with the governor to find a way on how our only level Five Hospital can be moved to the national government. My reasons are these: We are going to export staffs who are working at JOOTRH to the national government and we are going to have a deficit. The number that is working there is almost 500. Because of the issue of the wage bill, we cannot employ more people. We can get that deficit and employ other 500 people if JOOTRH goes to the national government.

If you look at these problems from one hospital to another, they are similar. What is there in Chulaimbo is similar to what is in Pap Onditi, similar to what is in Kombewa hospital. They are suffering from the same problem. What is the cure? The Kisumu County 2019 Health Bill. If that can be implemented fully, it will sort out his issue. Otherwise thank you Mr. Speaker. I support.

Temporary Speaker (Hon. Okumu): Hon. Prisca Misachi you want to say something?

Chief Whip (Hon. Misachi): Thank you Mr. Speaker. First, some Hon. Members in the Ad Hoc committee have gone through the report and made it available in the House. They should let other members deliberate before they make corrections, if any. This week we have extensively deliberated on matters health in this House. In the morning we had a committee meeting on health and we were eagerly waiting for the report to come to the floor of the House. I have seen most of the things I expected in this report and I want to congratulate members of the ad hoc committee for a job well done. We cannot fully blame the Department of Health on the challenges facing the health sector yet some of the problems lie with the national government in terms of releasing of funds to deal with the problems. Yesterday we meet with top officials of the Health Department together with the County Secretary and we agreed that we live administrative matters such as who should be the I.E. holder to the County Secretary to deal with. I appeal with members of the House to adopt this report so that we can give the two reports to the Implementation Committee to make a follow up. Thank you. I support.

Temporary Speaker (Hon. Okumu): Yes Hon. Ken Ooko.

Hon. Ooko: Thank you Mr. Speaker. I want to identify myself with this report. It is a very good report and I want to commend the Committee for a good work done. There are some areas that I want to differ with the Chair of Health. It is not true that the problems we have in the Health

Department are finances. In this report we are talking about a rogue staff in the department, issue threats to staff and even transferring others to hardship areas. I know of a staff that was recently transferred from Kisumu County hospital to Anding’o Opanga. Those are the issues we should deal with. Failure to remit statutory deductions, I don’t think is a serious financial problem...

Temporary Speaker (Hon. Okumu): Hon. Ken, are you insinuating that Anding’o Opanga should not get health staff to serve them?

Hon. Ooko: I want to refer you to page 17. It talks about intimidation of staff with threats to deploy staff to hardship areas. I am just saying that Anding’o Opanga is a hardship area. Secondly, when you talk about salary delays, it is a very big problem. I talked about it in the morning and I can repeat that. As we speak, I doubt if health workers have received their salaries. In Kakamega, we read recently that *bodaboda* operators are sneaking into hospitals to eat patients’ food, while in Chulaimbo, patients eat left overs from the students; yet, this is where the Chair of Health committee comes from. Therefore, the Chair health is sleeping in his job.

Mr. Speaker, we are talking about a number of issues. One person is an accountant at the same time a procurement officer. These are serious issues that we cannot take for granted. I want to say that another source that should be a recommendation for this House is the CEC in charge of this department. If you look at page 16, it appears as if she is source of the problem between the two Chief Officers. She is issuing letters left and right.

One chief Officer is an accounting officer, another one is AIE holder. In such a scenario, the meaning of AIE holder may be misconstrued. Instead of Authority to Incur Expenditure, it could mean authority to initiate eating. I think this is a problem that should be rectified so that we can have one Chief Officer as the accounting officer and AIE holder because the AIE holder checks availability of funds. How can you check availability of funds and someone who is the accounting officer is managing the finances? It is like the person is managing you!

Mr. Speaker, I think the most appropriate cure for this problem is for this House to come up with a comprehensive Health Bill or else what we are discussing here is tantamount to resuscitating a dead body in the mortuary. Thank you, Mr. Speaker.

The Temporary Speaker (Hon. Okumu): Hon. Seth Kanga.

Hon. Kanga: Thank you Mr. Speaker. Mr. Speaker, I rise to acknowledge and express gratitude for the work which has been done by Ad Hoc committee on the issue of health disaster in the County of Kisumu. Mr. Speaker, if you look at the preamble of this report on page 6, in which the Chairperson talks of the key message; it has highlighted the UHC which gives ONE an emphasis on what should be done to improve the health services in Kisumu to achieve the purpose of UHC.

Mr. Speaker, sometimes it is difficult for me to contribute over this report because Hon. Jagongo is one person who has worked in the Health sector- I do not know whether he served as a CHW but what I know is that he has worked in the health sector. Another Honourable Member who spoke is a quarry miner in Kajulu.

(Laughter)

Hon. Jagongo talked about discrepancies in the Health sector and he highlighted what we used to collect and what has been disbursed by the UHC. Mr. Speaker, in the recommendations of the committee- which I believe are good- they did not tell us how the County is going to finance this discrepancy of 534% in order to achieve the unilateral purpose of UHC.

Mr. Speaker, if you look at page 11, the first bullet, it reads that in the FY 2019/2020 as was envisaged, out of the amount indicated, the County has received only Kshs. 99,000,000 and there is a deficit of Kshs. 106 million. They have indicated that it is annexed. I am yet to see where in the annex of this report the good committee has indicated to us how the County is going to raise Kshs. 106 million to finance the deficit in the UHC. I believe the committee will address that in their final report.

Mr. Speaker, sometimes ago, the Senior Member, Hon. Misachi told us that we should not go into the internal administrative structures of the County. However, sometimes, we summoned the CEC together with her team, a thing which provides us with a clear legislative framework for oversight, accountability and to achieve the general purpose of service delivery. Mr. speaker, we found out some serious administrative problems in the County's department of Health.

There are serious administrative problems in the County's department of Health. Mr. Speaker, I have some knowledge in the PFM Act. The PFM Act says that the power and authority to incur expenditure lies with the CEC of Finance. I do not know where the CEC for Health got powers to write some funny letters. Mr. Speaker, the House should summon her to show the way government operates in terms of Public Finance Management Act.

Mr. Speaker, on the recommendation of the committee, there is always something in government called Collective Bargaining Agreement (CBA). The County Executive should continuously endeavour to have consultative forum with the labour unions to enable both parties address issues amicably. When we summoned the County Secretary the other time, we were shown some form of agreement between the County Government of Kisumu and the Union of Doctors together with that of Nurses and entire workers in the Health sector.

Rather than addressing this thing casually as if they are boyfriends and girlfriends, Mr. Speaker, I think this issue should be addressed by County Government of Kisumu who should honour the CBA between them and the Health workers. This will avoid continual consultative forums. Why should the health workers be engaged in continuous consultations while they are supposed to offer services in the various health facilities?

Mr. Speaker, the County Government of Kisumu should honour the CBA. Respective parties signed this CBA. Finally, Mr. Speaker, the Committee did tour the various health facilities in Kisumu and one was found to be wanting especially Pap Onditi Hospital which I thought Hon. Philemon Ojuok was going to talk about. However, I believe he addressed it when he was in the Committee in which he is a Member. I know him as a robust debater. There are no facilities in several Wards. There is no food and there are no medical supplies. Mr. Speaker, I wonder why as a County we buy ambulances, of course lying at the County headquarters, to transport people while people do not have food and facilities like theatres.

We miss priorities Mr. Speaker, we cannot buy ambulances to transport patients while there is no food; there are no drugs; no theatres; no simple things like detergents to clean toilets yet we are talking about Universal Health Care (UHC). What is UHC? I am a layman. I think it is to give medical facilities to everyone in the County. What is the meaning of the word universal? Hon. Roy Samo, you have some good grammar that that help us understand its meaning. It is provision of healthcare to everyone in the county. How are we going to provide healthcare to everyone when simple amenities are seriously wanting.

I believe slashing of grass and maintenance of hospitals are the primary areas of concern that should be dealt with first. Primary healthcare is like a primary school where pupils pick leaves among other litters. If the County Government cannot offer primary healthcare, the basic part of it, how are we going to provide Universal Healthcare? Otherwise, Mr. Speaker, I rest my case and support this report. I believe the County Government of Prof. Peter Anyang' Nyong'o will implement this report consultatively. Thank you.

The Temporary Speaker (Hon. Okumu): I had indicated that after Hon. Seth, I would move to the Leader of Majority. However, he is seated. I will give this opportunity to Hon. Ngeta.

Hon. Ngeta: Thank you Mr. Speaker, Sir. Mr. Speaker, I want to thank the ad hoc committee for the good job. I do not have to say save to cite only two areas. Mr. Speaker, page 11 indicates Victoria Hospital and a certain amount that cannot be accounted for. This shows, Mr. Speaker, how revenue sometimes goes into individual pockets. Secondly, Mr. Speaker, I refer you to page 13, you will notice how our hospitals are understaffed. You can see one staff who is also the hospital administrator. This one person doubles as the clerk, storekeeper, secretary, messenger, chef in the same hospital.

Mr. Speaker, I want to request the department of Health to do something on staffing of health workers. We do not want to drag the national government, the Governor or the assembly into this as the department is run by the CEC in charge of Health. She and her chief officers must pull up their socks. Otherwise, thank you.

The Temporary Speaker (Hon. Okumu): Hon. Benny Pete

Hon. Pete: Thank you Mr. Speaker. I part of the team that prepared the report of the ad hoc committee presented today before the Assembly and I want to air my views on it. What we found was very unfortunate. The medical institutions in Kisumu County were not allocated any budgets

when we were interrogating the Executives. They do not specific budgets that they work on. They rely on what will come of which they do not know.

The Temporary Speaker (Hon. Okumu): Order Hon. Ngeta and Hon. Jagongo

Hon. Pete: They are unable to provide the basics that are needed. To prove this, they have pending bills that they do not know what to do with. JOOTRH has a pending bills amounting to over 700 million which they do not know how to handle. The Kisumu County Hospital has a pending bill of about 70 million which the department of health is not aware of. The pending bills in the medical facilities are not some of the pending bills of Kisumu County Government. This is the situation we are in because we do not have a budget.

When UHC was introduced, it was assumed that money would be availed yet not this has not come in full. The other collections that were there were stopped. The little collections that the hospitals had made went to the Treasury and were never ploughed back. A hospital like JOOTRH is claiming over 165 million from the Treasury. Victoria hospital is also claiming money whose total they do not know. They have been remitting to the Treasury and collections were being done through the paybill. All this was created by the treasury. The treasury was to bring the money yet when the same was required to be ploughed back, there were roadblocks. There is no legislation to support that. Therefore, it would be taken that the treasury cheated the medical facilities. JOOTRH is offering a course where the money is being paid in a County account. This money cannot be ploughed back into the training and there is no policy to regulate this money. Those are the kinds of situations we found.

The health workers have been blamed left and right in this County when they go on strike. In our findings, we established that their promotions have been lagging behind, simple issues that should have been handled at administrative level have never been done. These are some of the problems we found. Salary is paid in net. There are some statutory deductions, which are mandatory. The National Hospital Insurance Fund, the cooperative deductions, and the insurance policy. These ones are never remitted. When we tried out from the department of Finance, we got casual answer that at times, they only ask for net salary from the Comptroller of budget. That is the kind of answer they were giving. However, members are complaining that these deductions have accumulated for over one year.

Imagine a worker going to work and his cooperative loan is not serviced, his NHIF scheme is not serviced; what can he do when he or his children are unwell? The relevant office should have handled these issues. However, they assumed because of reasons best known to them. I plead with this House to adopt the report and we ask the Executive to implement so that we can see improvement in our health sector. Thank you.

The Temporary Speaker (Hon. Okumu): Hon. Joseph Olale

Hon. Olale: Thank you Mr. Speaker. I support the report. First, Mr. Speaker, I would like to thank the ad hoc committee for the work they did within a short period. Mr. Speaker, this is a matter of urgency to this County. It is so sad that our facilities are not working. It is also sad that this is the House that does budgeting and appropriations. Mr. Speaker, it is so as that the

priorities we put such as buying ambulances, as a colleague had said, and we cannot buy medicines for the very people transported by the ambulances.

Mr. Speaker, the hospitals were nicely working before the Universal Healthcare. I want to say that the UHC system has failed. Mr. Speaker, the recommendations done here call upon the Finance and Health departments to work together for us to achieve the necessary. I would want to request the committee further to inform this House of the money being paid using that paybill number is not going to an individual or a group of companies probably out to swindle this Government.

Mr. Speaker, much as the committee did a good work, it is so sad to note that they do not know the person who owns the paybill number. This makes me conclude that this money could be going to an individual or a group of companies. This is my view should call for investigations. Lastly, as we are seated, we are privileged to have health insurance. We can go to the hospitals whenever we are unwell. Mr. Speaker, there is that *Mama mboga* who may not be privileged to afford medical services. Mr. Speaker, let us be radical. Let us arrive at conclusions that will steer us forward. I would request Mr. Speaker that let us stay in unity and support the health department in Kisumu County. It is we as elected leaders who can support this department. I rest my case Mr. Speaker. Thank you.

The temporary Speaker (Hon. Okumu): Yes, Hon. George Ogutu

Hon. Ogutu: Thank you Mr. Speaker, Sir for giving me this opportunity to air my voice. I believe I was also in this committee. However, I want to highlight a few concerns. From today's debate, Mr. Speaker, you can realize that some Honourable Members are saying that UHC has failed. I can say that UHC has not failed.

Mr. Speaker, it is important to examine the genesis to understand where we are today. When the UHC was introduced, we first got our disbursement on time but something happened on the way. We lost out on the second phase and this is what has caused problems to Kisumu County. Mr. Speaker, when we looked deeply into what made us to lose out on this money, we found out that the failure came from the department. In fact, Mr. Speaker, the department had put blame on the Assembly that it did not pass the budget in the right time.

Mr. Speaker, after a thorough scrutiny, we found out that the Assembly passed the budget in time except, if you can remember that the budget was brought back from the Governor's office with a memorandum. This is where we lost out on UHC. Once we lost out, it is gone and we cannot recover that money. This is where our problem started. Mr. Speaker, we know and we have found out, because I was one of them, the problem which have facilities are facing.

Mr. Speaker, Hon. Pete put it clearly that our facilities do not have any budget. It is true. Mr. Speaker, why is it that our facilities do not have a budget? Even right now Mr. Speaker, we know that our facilities are getting some small amount of money because not all of us have the UHC card. Mr. Speaker, this money is deposited into the CRF account. After the money has been deposited in this account, there is no proper legislation guiding flow back of this money into the facilities.

Mr. Speaker, there was a leeway somewhere. They were using what we call below-the-line expenditure whenever they needed some money. Unfortunately, this was also abolished last year. Mr. Speaker, every collection put on the CRF account is not coming back to the facility. In some cases Mr. Speaker, these people are not able to pay their casual workers. It was painful when we visited Pap Onditi because Pap Onditi is operating a mortuary. Just imagine a mortuary attendant has not been paid for some time.

As earlier said by one Honourable Member, this particular administrator was forced to device a method of collecting some fee from the mortuary so that he can pay the personnel. Mr. Speaker. You know how handling dead bodies is not an easy thing. In fact, it is painful.

The Temporary speaker (Hon. Okumu): Honourable member, are you insinuating that somebody was collecting money illegally from the facility?

Hon. Ogutu: Mr. Speaker that is what I am saying. Once money is deposited into the CRF account, there is no channel through which they can use to have the money back to the facility. What do you ion that case where you have a personnel working every day in a mortuary? These people need to be paid. Even the money they're being paid is too small. An ambulance driver is paid Kshs. 8,000 a month. In fact, some of the problems can be traced back to the department. It is the responsibility of the Health department to look into ways of sorting out these problems. As we speak, there is no law that they use to have the money channelled to the hospitals. These are laws made at the department level and therefore they can make laws the forward to the Assembly for approval. Thank you, Mr. Speaker.

The Temporary Speaker (Hon. Okumu): Yes, Leader of Majority. Hon. Philemon, you seconded the motion. Can you please approach the Chair Hon. Philemon? Leader of Majority.

Leader of Majority (Hon. Kenneth Onyango): Let me say for the record Mr. Speaker, that there is a Health Bill in this House, which we passed and it is already an Act. Therefore, when my good friend, the Hon. Ogutu says there is no law then I wonder where he has been living.

Mr. Speaker, allow me to say this.

FANUEL BELOW

There are serious administrative problems in the County's department of Health. Mr. Speaker, I have some knowledge in the PFM Act. The PFM Act says that the power and authority to incur expenditure lies with the CEC of Finance. I do not know where the CEC for Health got powers to write some funny letters. Mr. Speaker, the House should summon her to show the way government operates in terms of Public Finance Management Act.

Mr. Speaker, on the recommendation of the committee, there is always something in government called Collective Bargaining Agreement (CBA). The County Executive should continuously endeavour to have consultative forum with the Labour Unions to enable both parties address issues amicably. When we summoned the County Secretary the other time, we were shown some form of agreement between the County Government of Kisumu and the Union of Doctors together with that of Nurses and entire workers in the Health sector.

Rather than addressing this thing casually as if they are boyfriends and girlfriends, Mr. Speaker, I believe that this issue should be addressed by County Government of Kisumu who should honour the CBA between them and the Health workers. This will avoid continual consultative forums. Why should the Health Workers be engaged in continuous consultations while they are supposed to offer services in the various health facilities?

Mr. Speaker, the County Government of Kisumu should honour the CBA. Respective parties signed this CBA. Finally, Mr. Speaker, the Committee did tour the various Health Facilities in Kisumu County and one was found to be wanting especially Pap Onditi Hospital which I thought Hon. Philemon Ojuok was going to talk about. However, I believe he addressed it when he was in the Committee in which he is a Member. I know him as a robust debater. There are no facilities in several Wards. There is no food and there are no medical supplies. Mr. Speaker, I wonder why as a County we buy ambulances, of course lying at the County headquarters, to transport people while people do not have food and facilities like theatres.

Mr. Speaker, we miss priorities because we cannot buy ambulances to transport patients while there is no food; there are no drugs; no theatres; no simple things like detergents to clean toilets yet we are talking about Universal Health Care (UHC). What is UHC? I am a layman. I think it is to give medical facilities to everyone in the County. What is the meaning of the word universal? Hon. Roy Samo, you have some good grammar that that help us understand its meaning. It is provision of healthcare to everyone in the county. How are we going to provide healthcare to everyone when simple amenities are seriously wanting.

I believe slashing of grass and maintenance of hospitals are the primary areas of concern that should be dealt with first. Primary healthcare is like a primary school where pupils pick leaves among other litters. If the County Government cannot offer primary healthcare, the basic part of it, how are we going to provide Universal Healthcare? Otherwise, Mr. Speaker, I rest my case and support this report. I believe the County Government of Prof. Peter Anyang' Nyong'o will implement this report consultatively. Thank you.

The Temporary Speaker (Hon. Okumu): I had indicated that after Hon. Seth, I would move to the Leader of Majority. However, he is seated. I will give this opportunity to Hon. Ngeta.

Hon. Ngeta: Thank you Mr. Speaker, Sir. Mr. Speaker, I want to thank the ad hoc committee for the good job. I do not have to say save to cite only two areas.

Mr. Speaker, page 11 indicates Victoria Hospital and a certain amount that cannot be accounted for. This shows, Mr. Speaker, how revenue sometimes goes into individual pockets. Secondly, Mr. Speaker, I refer you to page 13, you will notice how our hospitals are understaffed. You can see one staff who is also the hospital administrator. This one person doubles as the clerk, storekeeper, secretary, messenger, chef in the same hospital.

Mr. Speaker, I want to request the department of Health to do something on staffing of Health Workers. We do not want to drag the National Government, the Governor or the Assembly into this as the department is run by the CEC In-charge of Health. She and her Chief Officers must synergize together. Otherwise, thank you.

The Temporary Speaker (Hon. Okumu): Hon. Benny Pete.

Hon. Pete: Thank you Mr. Speaker. I was part of the team that prepared the report of the Ad hoc Committee presented today before the Assembly and I want to air my views on it. What we found was very unfortunate. The medical institutions in Kisumu County were not allocated any budgets when we were interrogating the Executives. They do not have specific budgets that they work on. They rely on what will come of which they do not know.

The Temporary Speaker (Hon. Okumu): Order Hon. Ngeta and Hon. Jagongo!!

Hon. Pete: They are unable to provide the basics that are needed. To prove this, they have Pending Bills that they do not know what to do with. JOOTRH has a Pending Bills amounting to over Kshs 700 million which they do not know how to handle. The Kisumu County Hospital has a Pending Bill of Kshs 70 million which the department of health is not aware of. The Pending Bills in the medical facilities are not some of the pending bills of Kisumu County Government intends to settle. This is the situation we are in because we do not have a budget.

Mr. Speaker, when UHC was introduced, it was assumed that money would be availed yet not this has not come in full. The other collections that were there were stopped. The little collections that the hospitals had made went to the Treasury and were never ploughed back. A hospital like JOOTRH is claiming over Kshs 165 million from the Treasury. Victoria Hospital is also claiming money whose total they do not know. They have been remitting to the Treasury and collections were being done through the Playbill. All this was created by the treasury. The Treasury was to bring the money yet when the same was required to be ploughed back, there were roadblocks. There is no legislation to support that. Therefore, it would be taken that the treasury cheated the medical facilities. JOOTRH is offering a course where the money is being

paid into a County Account. This money cannot be ploughed back into the training and there is no Policy to regulate this money. Those are the kinds of situations we found.

The Health Workers have been blamed left and right in this County when they go on strike. In our findings, we established that their promotions have been lagging behind, simple issues that should have been handled at administrative level have never been done. These are some of the problems we found. Salary is paid in net. There are some statutory deductions, which are mandatory. The National Hospital Insurance Fund, the Cooperative deductions, and the Insurance Policy. These ones are never remitted. When we tried out from the department of Finance, we got casual answer that at times, they only ask for Net Salary from the Comptroller of Budget. That is the kind of answer they were giving. However, members are complaining that these deductions have accumulated for over one year.

Mr. Speaker, imagine a worker going to work and his Cooperative Loan is not serviced, his NHIF scheme is not serviced; what can he do when he or his children are unwell? The relevant office should have handled these issues. However, they assumed because of reasons best known to them. I plead with this House to adopt the report and we ask the Executive to implement so that we can see improvement in our health sector. Thank you.

The Temporary Speaker (Hon. Okumu): Hon. Joseph Olale.

Hon. Olale: Thank you Mr. Speaker. I support the report. First, Mr. Speaker, I would like to thank the Ad hoc Committee for the work they did within a short period. Mr. Speaker, this is a matter of urgency to this County. It is so sad that our facilities are not working. It is also sad that this is the House that does budgeting and appropriations. Mr. Speaker, it is so unfortunate that the priorities we put such as buying ambulances, as a colleague had said, and we cannot buy medicines for the very people transported by the ambulances.

Mr. Speaker, the hospitals were properly working before the Universal Healthcare. I want to say that the UHC system has failed us. Mr. Speaker, the recommendations done here call upon the Finance and Health Departments to work together for us to achieve the necessary. I would want to request the committee further to inform this House of the money being paid using that pay bill number is not going to an individual or a group of companies probably out to swindle this Government.

Mr. Speaker, much as the committee did a good work, it is so sad to note that they do not know the person who owns the pay bill number. This makes me conclude that this money could be going to an individual or a group of companies. This is my view should call for investigations. Lastly, as we are seated, we are privileged to have Health Insurance. We can go to the hospitals whenever we are unwell. Mr. Speaker, there is that *Mama mboga* who may not be privileged to afford medical services. Mr. Speaker, let us be radical. Let us arrive at conclusions that will steer us forward. I would request Mr. Speaker that let us stay in unity and support the health

department in Kisumu County. It is we as elected leaders who can support this department. I rest my case Mr. Speaker. Thank you.

The temporary Speaker (Hon. Okumu): Yes, Hon. George Ogutu

Hon. Ogutu: Thank you Mr. Speaker, Sir for giving me this opportunity to air my voice. I believe I was also in this committee. However, I want to highlight a few concerns. From today's debate, Mr. Speaker, you can realize that some Honourable Members are saying that UHC has failed. I can say that UHC has not failed.

Mr. Speaker, it is important to examine the genesis to understand where we are today. When the UHC was introduced, we first got our disbursement on time but something happened on the way. We lost out on the second phase and this is what has caused problems to Kisumu County. Mr. Speaker, when we were looked deeply into what made us to lose out on this money, we found out that the failure came from the department. In fact, Mr. Speaker, the department had put blame on the Assembly that it did not pass the Budget Estimates in the right time.

Mr. Speaker, after a thorough scrutiny, we found out that the Assembly passed the Budget Estimates in time except, if you can remember that the budget was brought back from the Governor's office with a Memorandum. This is where we lost out on UHC. Once we lost out, it is gone and we cannot recover that money. This is where our problem started. Mr. Speaker, we know and we have found out, because I was one of them, the problem which have facilities are facing.

Mr. Speaker, Hon. Pete put it clearly that our facilities do not have any budget. It is true. Mr. Speaker, why is it that our facilities do not have a budget? Even right now Mr. Speaker, we know that our facilities are getting some small amount of money because not all of us have the UHC card. Mr. Speaker, this money is deposited into the CRF account. After the money has been deposited in this account, there is no proper legislation guiding flow back of this money into the facilities.

Mr. Speaker, there was a leeway somewhere. They were using what we call below-the-line expenditure whenever they needed some money. Unfortunately, this was also abolished last year. Mr. Speaker, every collection put on the CRF account is not coming back to the facility. In some cases Mr. Speaker, these people are not able to pay their casual workers. It was painful when we visited Pap Onditi because Pap Onditi is operating a mortuary. Just imagine a mortuary attendant has not been paid for some time.

As earlier said by one Honourable Member, this particular administrator was forced to device a method of collecting some fee from the mortuary so that he can pay the personnel. Mr. Speaker, you know how handling dead bodies is not an easy thing. In fact, it is painful.

The Temporary speaker (Hon. Okumu): Honourable member, are you insinuating that somebody was collecting money illegally from the facility?

Hon. Ogutu: Mr. Speaker that is what I am saying. Once money is deposited into the CRF account, there is no channel through which they can use to have the money back to the facility. What do you do on that case where you have a personnel working every day in a mortuary? These people need to be paid. Even the money they're being paid is too small. An ambulance driver is paid Kshs. 8,000 a month. In fact, some of the problems can be traced back to the department. It is the responsibility of the Health Department to look into ways of sorting out these problems. As we speak, there is no law that they use to have the money channeled to the hospitals. These are laws made at the department level and therefore they can make laws the forward to the Assembly for approval. Thank you Mr. Speaker.

The Temporary Speaker (Hon. Okumu): Yes, Leader of Majority. Hon. Philemon, you seconded the motion. Can you please approach the Chair Hon. Philemon? Leader of Majority.

Leader of Majority (Hon. Onyango): Mr. Speaker, let me say for the record that there is already a Health Bill in this House which we passed and it is already an Act so when the Hon. Member is saying that there is no law then I wonder where he has been living. I want to thank the committee very much because they have brought out the issues here very explicitly and they have delved into the core. In my opinion, if you look at page 7 that is where the cracks of the matter is because many times we have been saying that the Governor has failed, the County is not doing enough but if you look at the UHC in totality, it is that the number of patients in our facilities are more than increased in most cases. There are some Health facilities where before UHC, they were handling only 50 patients in a day but with the introduction of the UHC the number multiplied even in the excess of 400. Remember that the other parameters remained constant. If you look at the key message that underpinned the introduction of UHC that is on page 6; Universal Health Coverage is the access to safe, effective quality essential Health care including affordable essential medicine and vaccines.

Mr. Speaker, remember also that when UHC was brought the all sought of payments were abolished in our facilities. If you look at page 7 under UHC financing it reads that the national Government was to supplement the County Budget hospitals budgetary allocation for all use of fees. I think that should be taken into consideration which means that what the hospitals and health facilities used to collect is now going to be planned by the UHC. Mr. Speaker as at December 2018, the amount of money that had been disbursed was actually 91 that include the money that was supposed to be used to buy drugs that is 366 million. That left a gap of about 53%. So this is the budget that the National Government was supposed to bring into the County through UHC. It is an amount of money that was supposed to be used to facilitate the operationalization of our health facilities. If we want to say that UHC is not the cause of our Health crisis then that cannot be far from the truth because we are seeing that there is a very big

budgetary gap between what was expected and what was received and you don't expect people to perform miracles because if money is not, disbursed then it is not there and you can't expect the Governor to do anything about it because it is a failure that has emanated from the National Government.

Mr. Speaker the hard question that the committee ought to have asked is that 'has UHC served us well?' and if it has not served us well then how do we continue with it going forward because if in the pilot stage these are the challenges and they are very monumental, what will happen if there is a full roll out of these universal health coverage; it means that our people will die. Does it mean that we advise the Governor because he sits in that Committee at the National level he gives his opinion that in his considered opinion Universal Health Coverage is not functional and therefore probably we need to revert to the cost sharing measures which was better because at least you would find that people would pay and after paying you would get services.

Secondly, the committee has recommended and I agree with them in totality that the issue of JOOTRH needs to be looked at because if you look at the amount of money that we appropriate to this hospital which is colossal and we probably need to let go of this facility so that it can be run by the National Government. By the way I am told that at the moment, Kakamega Referral Hospital is also pushing so that their activities are taken over by the National Government. Probably this is the direction that we would go because it will free a lot of finances that can be used to boost other health facilities which are in very dilapidated state.

Mr. Speaker, I want to agree with the committee that the autonomy of JOOTRH is long overdue and as an Assembly we need to seize off the matter and recommend very strongly that we let it go so that it be operated by the National Government. If you look at the definition of a Chief Officer as per the County Government Act; this is the Accounting Officer of a Department. Mr. Speaker, I would not have wished that delve much of this but I think it may not have been a good idea to have 2 Chief Officers in one department because that is a recipe for conflict. This can be done administratively and we don't need to deliberate on it so much.

The Temporary Speaker (Hon. Seth Okumu): Hon. Majority Leader, I would advise that you bring a Substantive Motion concerning the Chief Officers so that we merge the Chief Officers into one if you feel that the 2 are not serving us well.

The Leader of Majority (Hon. Kenneth Onyango): Thank you. I think that we can deal with separately. Otherwise, I do believe that the recommendations contained here are very sound and we shall advise the Executive to implement them expeditiously and also strive to improve the administrative provisions that may be delved in the department so that issues that can be dealt with don't have to wait too long because when we proximate so much then an issue which could have been sought out very fast becomes very big. Thank you.

The Temporary Speaker (Hon. Seth Okumu): Yes Hon. Pamela Odhiambo.

Hon. Pamela Odhiambo: Thank you Mr. Speaker, the report has been exhausted and remember we had the progress report last week which a comprehensive report has been brought today. We have recommendations in this report, from the members and recommendations from the Chairperson of Health. For that reason allow me to call the mover to reply.

The Temporary Speaker (Hon. Seth Okumu): Thank you Hon. Member. How I wish you could have gone straight to that instead of contributing first therefore you have no right to call the mover to reply. Yes Hon. Otura.

Hon. Otura: Thank you Mr. Speaker. It is true that we really strained to get this report done but there are very vital things that we must remember when we are undertaking such matters. While we were out there, the doctors that we were interacting with were just hanging on because they have to get their daily bread. Hon. Kanga did ask about the deficit of 53%; the FIF fund even with the Universal Health Coverage we have the chance to collect because everybody who was not going to the hospital were covered under UHC and remember that even that patient who is not covered must also be attended to by the Health workers thus the consumption was beyond the redemption. This FIF fund is a blessing to the County and not a curse only if we can negotiate on how this fund can come out from the CRF account to the health facilities. To achieve this, there must be timely delivery of UHC funds to the Counties. The National Government in its timely delivery failed to do the same towards UHC funding. We also have to not that there is demoralization and these County Health Workers due to the facts that have been elaborated here. The Health Workers in Kisumu County receive heavy penalties for failure to remit statutory deductions. Implementation of this report would be key rather than adopting it. Thank you.

The Temporary Speaker (Hon. Seth Okumu): Yes Hon. Olang'o.

Hon. Olang'o: Thank you Mr. Speaker I wish to call the mover to reply.

The Temporary Speaker (Hon. Seth Okumu): Hon. Beatrice Pamela.

Hon. Beatrice Pamela: Thank you Mr. Speaker, I am grateful for the House to have seriously debated on the report and supported it. The Leader of Majority has mentioned that the committee did a miracle which cannot happen so the Governor can also do a miracle. The Universal Health Coverage is not a failure. I believe that the reason we are having so much challenges is because we did not implement it very well when we moved through transition from FIF to UHC, the County should have maintained some allocation to support some Health facilities in other areas that are not covered by UHC. Since we did not forecast ahead we ended up implementing UHC but it is a good thing because it gives success to the poor to access health care. Going forward this can be tackled by County doing a massive sensitization to enroll the citizen of Kisumu County into NHIF because we found out that the hospitals are losing on NHIF disbursement.

Mr. Speaker I also believe that the hospitals can be supported to having funds from FIF which is covered in the recommendations. I would urge that the Governor to sign the Kisumu County

Health Bill, 2019 which will also go a long way in addressing the gaps that are facing the Health care services and the Health facilities in Kisumu.

Mr. Speaker we also encountered where Centralization of Procurement is affecting health provisions in the Health care facilities because for example fuel must be drawn from Kisumu and you can imagine where a patient must be driven from Muhoroni to Kisumu to be fueled then back to Muhoroni! There are also situations where the ambulance runs out of fuel at the facility and there are patients to be referred; that cannot happen because of centralization. The Executive should Decentralize Procurement to Reduce Bureaucracy to enable facilities to procure.

The Kisumu County Government department of Finance seems to have an appetite to hold finances at the CRF account and not release them to do other works yet their core mandate should be to collect revenue. We raised this with the CEC Finance and highlighted areas where revenue are not collected and the answer that we were given was that there are no POS machines thus they are not able to collect revenue in those areas. Mr. Speaker we reminded the CEC for Finance and Economic Planning that this Assembly allocated Kshs 90 million in the FY 2019/2020 to Purchase POS Machines which we found out that they have not been bought and they are still not going to be bought in the near future because the contract was canceled. This was a concern because that means that our revenue is still not going to rise hence we will have more problems. Mr. Speaker on that note, I would like to ask you to address the relevant committee of Revenue Collection in the Department of Finance because we may give a lot of good recommendations but unless we have the finances to roll them out then we are still going to go back to where we are or even worse.

Mr. Speaker most of what should have been done have already been captured in the recommendation. So, I would urge this House to adopt the report and the County Government to implement it. Thank you.

The Temporary Speaker (Hon. Seth Okumu): Thank you Hon. Beatrice Pamela. Hon. Members, a report from the Ad Hoc Committee established pursuant to the provisions of section 14 of the County Government Act 2012 on the Deplorable Conditions of Health Facilities in Kisumu County which was presented by Hon. Beatrice Pamela, seconded by Hon. Philemon Ojuok and debated on. I therefore want to put a question on the adoption of the same with the additional recommendations from Members.

(Question put and agreed to)

The Temporary Speaker (Hon. Seth Okumu): Therefore, Hon. Members, the report from the Ad Hoc Committee on the Deplorable Conditions of Health Facilities in Kisumu County has been adopted with the additional recommendations by Hon. Members today Wednesday 11th March 2020 at 17:23 Hours. I want to direct that the table clerks file this report together with recommendations that were made additionally in this House and then send the report to the CEC

Health. After submitting the report to the CEC Health, I want to direct the House that under Standing Orders No. 184 which reads;

'Within sixty days of a resolution of the County Assembly or adoption of a report of a select Committee, the relevant member of the County Executive Committee under whose portfolio the implementation of the resolution falls shall provide a report to the relevant Committee of the County Assembly in accordance with Article 153(4)(b) of the Constitution.'

The Temporary Speaker (Hon. Seth Okumu): Next Order!

ADJOURNMENT

The Temporary Speaker (Hon. Seth Okumu): There being no any other business to transact, the House stands adjourned to Thursday 12th March 2020 at 2.30 p.m.

(House rose at 5.27 p.m.)

Addendum

Zablon Otiende – Head of Department

Edward Odanga – Hansard Reporter

Fanuel Okode – Hansard Reporter

Patrick Okoyo – Hansard Reporter

Jacklyne Otieno – Hansard Reporter

Dennis Onyango – Hansard Reporter

