COUNTY GOVERNMENT OF KISUMU

COUNTY ASSEMBLY OF KISUMU

THE HANSARD

Official Report

THIRD ASSEMBLY – SECOND SESSION

Wednesday 08th March, 2023

House met in the Main Chamber at 2:30 p.m.

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

PRAYER

The Temporary Speaker (Hon. Okumu): Madam Clerk, take us through the Order Paper of today.

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

PAPER LAID

WATER, ENVIRONMENT AND NATURAL RESOURCES COMMITTEE ON CONSIDERATION OF THE STATEMENT SOUGHT BY HON. KENNEDY OOKO ON SAND HARVESTING IN RIVER NYANDO IN AHERO WARD
BY
HON. SAMUEL DEDE, MCA, NORTH KISUMU WARD

CHAIRPERSON, WATER, ENVIRONMENT AND NATURAL RESOURCES COMMITTEE.

The Temporary Speaker (Hon. Okumu): Hon. Dede Samuel.

Hon. Dede (MCA, North Kisumu Ward): Thank you Mr. Speaker. Pursuant to the provisions of Standing Order No. 182 (6) of the Kisumu County Assembly Standing Orders, I wish to table

today Wednesday 08th March, 2023 the report by Water, Environment and Natural Resources Committee on consideration of the Statement sought by Hon. Kennedy Ooko, MCA Ahero Ward on Sand Harvesting in River Nyando in Ahero Ward. Thank you.

(Hon. Dede lays the report before the House for consideration)

The Temporary Speaker (Hon. Okumu): Honourable Members, I confirm the receipt of the report by Water, Environment and Natural Resources Committee on consideration of the statement sought by Hon. Kennedy Ooko on Sand Harvesting in River Nyando in Ahero Ward. I therefore, commit this report to the House Business Committee for purposes of scheduling for debate.

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

NOTICE OF MOTION

WATER, ENVIRONMENT AND NATURAL RESOURCES COMMITTEE ON CONSIDERATION OF THE STATEMENT SOUGHT BY HON. KENNEDY OOKO ON SAND HARVESTING IN RIVER NYANDO IN AHERO WARD
BY
HON. SAMUEL DEDE, MCA, NORTH KISUMU WARD.

CHAIRPERSON, WATER, ENVIRONMENT AND NATURAL RESOURCES COMMITTEE

The Temporary Speaker (Hon. Okumu): Hon. Dede Samuel.

Hon. Dede (MCA, North Kisumu Ward): Thank you Mr. Speaker. Pursuant to the provisions of Standing Order No. 182 (6) of the Kisumu County Assembly Standing Orders, I wish to give a Notice of Motion on the report by Water, Environment and Natural Resources Committee on consideration of the Statement sought by Hon. Kennedy Ooko on sand harvesting in River Nyando in Ahero Ward. Thank you.

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

MOTION

ADOPTION OF THE REPORT BY HEALTH, HOUSING AND SANITATION COMMITTEE ON THE STUDY TOUR AT MAMA LUCY KIBAKI AND KENYATTA NATIONAL HOSPITALS
BY
HON. VINCENT JAGONGO
CHAIRPERSON, HEALTH, HOUSING AND SANITATION COMMITTEE

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

Hon. Jagongo (MCA, North West Kisumu Ward): Mr. Speaker and Hon. Members,

PURSUANT to the provisions of the Kisumu County Assembly Standing Orders (Second Schedule) No. 193 read together with Standing Orders No. 194 (2c) which mandates the committee to prepare programs and activities to be undertaken in each Fiscal Year, the Committee on Health, Housing and Sanitation prepared its Annual Work Plan for FY 2022/2023 detailing its errands amongst them, a study tour.

Following the approval of the Liaison Committee, the Speaker of the Kisumu County Assembly permitted the Committee to carry out this exercise as it attempts to achieve its mandate.

The committee, through the office of the Clerk, communicated to both Mama Lucy Kibaki and Kenyatta National Hospitals seeking authority to carry out a study tour at their facilities (attached). The two hospitals communicated back affirming the request (attached).

Legal framework and Mandate of the Committee
Mr. Speaker and Honourable Members, the Departmental Committee on Health and Sanitation was constituted on Tuesday 18th October, 2022 during the First Session of the Third (3rd) County Assembly pursuant to provisions of the Standing Order (SO) 193(1).

The Committee executes its mandate in accordance with the provisions of Standing Orders 195(5) and Second Schedule from which it draws its mandate to look into and investigate on;

> *All matters relating to County health services, including, in particular County health facilities and pharmacies, ambulance services, promotion of primary health care, licensing and control of undertakings that sell food to the public, cemeteries, funeral parlours and crematoria and refuse removal, dumps and solid waste disposal; housing; and sanitation.*

Objectives
Mr. Speaker and Hon. Members, the Committee's main objective of the tour was;

1. Comparative analysis: The study tour was to enable the Committee make comparisons and to assess the feasibility of replicating best practices that are working for the two hospitals for improvement of the situation at JOOTRH.

Committee Membership
The following are the members of the Committee as constituted pursuant to the Selection Committee report that was adopted by this House;

Members;

1. Hon Vincent Jagongo - Chairperson
2. Hon Emily Oginga - Vice Chairperson
3. Hon Seth Okumu - Member
4. Hon Jennipher Obonyo - Member
5. Hon Nereah Okombo - Member

6. Hon Seth Kanga - Member
7. Hon Carren Ajwang' - Member
8. Hon Joachim Oketch - Member
9. Hon Kennedy Ooko - Member
10. Hon Kennedy Ouko - Member
11. Hon Mickey Ochieng' - Member
12. Hon Pamela Oyoo - Member
13. Hon Lumumba Owade - Member
14. Hon Geoffrey Warindo - Member
15. Hon Moses Ochele - Member

Secretariat;

1. Obonyo Angelyne (Ms.) - Clerk Assistant
2. Valery Achieng' (Ms.) - Hansard reporter
3. Mr. Abraham Odegi - Sergeant-at-arm

Acknowledgement

Mr. Speaker and Hon. Members. May I take this opportunity to thank all the Members and secretariat of the Health Housing and Sanitation committee for their dedication, valuable input and contribution during the entire exercise.

Equally, the Committee also applauds Offices of the Speaker and Clerk of the County Assembly of Kisumu for offering extreme support and a show of goodwill that culminated to success of the exercise.

Hon Speaker, the Committee cannot forget to convey its utmost and sincere gratitude to the managements of Mama Lucy Kibaki and Kenyatta National Hospitals for the amiable welcome and full cooperation they accorded the Committee.

It is therefore my honor and privilege on behalf of the Committee to present to this Honourable House, the report on its study tour at Mama Lucy Kibaki and Kenyatta National Hospitals for consideration and adoption.

BACKGROUND OF THE STUDY TOUR

Mr. Speaker and Hon Members, a statement was sought on the floor of this House by Hon Nancy Matara on 1st November, 2022 regarding maternal and neonatal deaths at JOOTRH. To Committee visited the facility to verify and gather first-hand information about the statement's related issues. The Committee also passed by the Accident and Emergency (A&E) department which had also been on the limelight on allegations of chaotic and unhygienic conditions with patient waiting for hours on days before getting attention.

Despite issuing a conclusive response to the statement before this House, the Committee felt a need to carry out a study tour to a different hospital to learn how their departments (mentioned above) carry out their activities.

During its meeting of Thursday 24th November, 2022 vide MIN. NO.34/CAK/HH&SC/NOV/2022 (attached), the Committee unanimously resolved to undertake a study tour at Mama Lucy Kibaki (having one of the busiest maternity hospital in the Country) and Kenyatta National Hospitals (being the leading public hospital in the Country).

At Mama Lucy Kibaki Hospital (MLKH) the Committee's intention was to assess its maternity and newborn section. This report aims to provide an overview of the hospital's management structure, bed capacity, performance indicators, and services offered by the maternity and newborn units.

On the other hand, the visit to Kenyatta National Hospital was aimed at assessing the hospital's disaster management system and its Accident and Emergency (A&E) department.

Hon Speaker, this report therefore highlights key findings and observations made by the committee during the entire exercise and further recommendations to JOOTRH on possible measures they can adopt in order to improve their service delivery.

Mama Lucy Kibaki Hospital (MLKH)

Establishment and management
Mr. Speaker and Hon Members, MLKH was established on 5th October 2011 and serves neighboring communities of Embakasi East/West/Central/North and other neighborhoods with a catchment population of about 281,000. It serves a total of 2.1 million patients and is the third busiest maternity hospital in the country after Pumwani and Nakuru (Maternity) hospital.

The management team comprises the hospital board, CEO, two deputies, and various units/departments.

The hospital has a total of 633 staff which was reported to be half the required capacity with serious gaps in radiology, nursing and clinical sections. The management however engages additional staff on contract basis to help bridge the gap.

The committee was welcomed by the medical superintendent, Dr. Emma Muturo, and the hospital management team.

Performance Indicators
The committee noted the following performance indicators of the hospital:

- Mortality rate at 3%
- Re-admissions at 0.80%
- Bed occupancy 190%
- Referral rate at 2%

- C/S rate at 35%
- Pre-conception care
- Pediatric Unit

Committee findings at MLKH
Mr. Speaker and Hon Members,

The Committee established that the hospital is divided into pediatric, maternity and newborn units.

Pediatric unit

Has a 100% occupancy rate and handles approximately 1,500 to 2,000 patients daily, out of which about 100 to 200 are daily emergency cases. The unit has eight pediatricians and support from student-doctors from JKUAT. The top conditions seen at the unit daily include pneumonia, meningitis, malaria, malnutrition, rickets, and sickle cell. They are also in the process of establishing and equipping its own ICU unit.

Maternity and newborn unit

The maternity unit at MLKH is one of the busiest in the country, conducting about 1,000 deliveries per month. The committee established that the hospital has a bed capacity comprising 71 in maternity, 47 in the pediatric unit, and 11 in the gynecology unit. The average length of stay is 5 days.

The Committee further established that the unit;

1. Boasts a robust security system with uniformed contracted officers, CCVTVs, and security checks.
2. Has a radiology unit dedicated to the services of the maternity and newborn unit.
3. Has a fully equipped one-stop-shop GBV clinic with its laboratory and comprehensive linkages to the justice system. The clinic handles about 100 to 100 rape cases monthly and offers a 24hr service center complete with counseling and all other services without having to walk to the other sections of the hospital.
4. Has a specific records management section for ease of handling documentations for the mothers.
5. Payments are strictly done through Mpesa (No cash is allowed). Charges for maternity and newborns units are paid through Linda-Mama and NHIF programs. No extra charges is levied on the mothers.
6. In cases of lack of Linda-Mama and NHIF are lodged with the hospital's social service who commences the waiver process.
7. The hospital provide food for mothers but they are also allowed to receive food from home.
8. Has a theater divided into; Emergency C/S section, Elective C/S section, and performs all other emergency surgeries.

9. The maternity unit is divided into; C-Section, Post C/S section, and other sections which include mothers' lodging room, lactation room, and kangaroo mother care room.
10. The Kangaroo unit has nutritionists who takes care of mothers who do not have adequate family care. It performs the following functions;
    - Checking on weights and feeding habits of babies before they are discharged.
    - Operates on a discharge weight of 1.8kgs
    - Conducts eye checks on babies on weekly basis.
11. Newborn unit operates at a capacity of 80 newborns, which is above their capacity of 50 and is divided into;
    a. Gynecology room
    b. Obstetrics, and
    c. Labor ward
        - Patients in labor are categorized in a specific room and are reviewed after every 2 hours.
        - The C/ Section deliveries are discharged after 3 days.
12. Cases of abandoned children are handled by social workers and are given medical attention after which they are placed under custody of the court upon conclusion of medical care. No child is released without committal of the court and requisite documentation.

Challenges faced by the hospital.

The Committee was informed that the hospital faces the following challenges.

1. Inadequate human resource: The hospital is understaffed compared to its catchment area, with fewer doctors and nurses than needed to provide adequate care to patients.
2. Limited resources.
3. Inadequate infrastructure as the facility currently operates beyond capacity.

Kenyatta National Hospital (KNH)

Establishment and management
Mr. Speaker and Hon Members, KNH was established in 1901 as a cottage hospital. It was officially named Kenyatta National Hospital in 1966, after Jomo Kenyatta, the first president of Kenya. The hospital has undergone several expansions and upgrades over the years to meet the growing demand for healthcare services in the country.

It is managed by a board of directors appointed by the Cabinet Secretary for Health. The board is responsible for setting policies and making decisions regarding the hospital's operations. The day-to-day management of the hospital is overseen by a chief executive officer who is appointed by the board.

It is funded by the government of Kenya and also generates revenue from patient fees and other sources. The hospital is committed to providing affordable and quality healthcare services to all Kenyans.

The hospital has several departments, each with its own management team.

The hospital has a medical advisory committee that advises its management on clinical matters.

Here the Committee was received by Ms. Stella Githaiga of the department of Affiliations and Institutional Development (A.I.D) together with various staff from the Accidents, Emergency and Disaster Management department led by Dr. Mutua - who is the chair of Emergency and Disaster Management at the Hospital.

Before embarking on a guided tour through the two department, the Committee had a round table meeting with the above mentioned team where the host team proposed;

i. Partnership agreement between KNH and JOOTRH in order to help Kisumu County establish and operationalize; organ transplant, sickle cell, disaster management and related clinics/ departments. And,
ii. THAT JOOTRH are welcomed to be sending their health providers for a week's or two attachment at the two departments in order to learn and improve on their patient-care skills among others.

Committee findings at KNH
Mr. Speaker and Hon Members, the Committee established;

1. THAT the hospital does not refer patients but receive referrals from all hospitals across the country, and all hospitals within the country have KNH referral office numbers to contact in case of a disaster.
2. THAT all hospital staff, including support staff, are trained in basic disaster management skills enable them to be up the task if called upon.
3. THAT the Hospital has rare cases of health providers absconding duties as they have in place a policy agreement which the staff must sign. This policy guides their engagements thus cushioning the hospital from such cases.
4. That KNH DOES NOT offer waivers but provides credit on bills where a patient is allowed to leave after receiving treatment with a pledge to pay. This process that involves the hospital's legal team among others and thus it is rare for patients to disappear.

Disaster Management

Mr. Speaker and Hon Members, at this department the Committee established that;

1. The hospital has a disaster management committee comprising departmental champions from all units within the hospital whose mandate is to oversee the response of the hospital to all cases of disasters across the country.

2. The committee is guided by national policies and response protocols on disaster as provided for by the Ministry of Health and a fully functional training manual on all issues disaster.
3. The department of the hospital is adequately staffed with 106 nurses, 35 doctors, 4 consultants, and 10 specialists available at any given time to handle accidents and emergencies.
4. The hospital has a disaster management plan, and occasionally conducts an annual drill to test its disaster management system.
5. In case of a disaster, the hospital has a disaster mass storage facility fully equipped with all requisite consumables and equipment capable of managing any kind of disaster for 72 hours before exhaustion.
6. According to KNH disaster management response, a disaster involves over 60 casualties being admitted in the hospital at the same time from one accident or occurrence. The number 60 was arrived at based on the calculations of 3% of the total hospital bed capacity, which stands at 2000. Some of the disaster cases the hospital has had to deal with among others include the 1998 Nairobi bomb blast and the Gikomba market fire tragedy.
7. A disaster response system is only activated after an incident of above 60 casualties of trauma and medical disaster.
8. There is a medical record personnel who registers disaster patients using a unique set of records.
9. The hospital does not charge disaster patients as they are taken care of by the disaster response and management budget.

Preparedness in Case of a Disaster

In preparation for a disaster, the hospital;

- Conducts drills to test their disaster management system.
- Has in place a specific mass storage facility with equipment and consumables capable of managing any kind of disaster for 72hours before exhaustion.
- Has staff houses that provide accommodation for critical care staff who are frontline points of call in cases of disaster.
- Has partners who are occasionally called upon to assist under public-private partnership arrangements guided by various Memorandums of Understanding (MoUs).
- Private donations are also encouraged by the disaster management teams from corporations, stakeholders, and individuals.

Accidents and Emergency department

Mr. Speaker and Hon Members, the hospital's Accident and Emergency Department (A&E) is composed of several sections broadly categorized under surgical unit, obs-gynae unit, and medical services unit.

The department;

1. Prides itself on its critical care rooms for patients in critical conditions, resuscitations, mechanical breathing, and medical and surgical critical rooms.
2. Has a designated nurse in charge who conducts patient triage, observations, and recording of vitals. There are specific nurses handling walk-in cases, and there is also a general designated officer in charge of floor management for order.
3. Has a 24-hour counseling nurse always available.
4. Has a 12-bed capacity dedicated to resuscitation, with all trauma rooms being fully ICU equipped.
5. Has a dedicated 24-hour social work unit that conducts socio-economic assessments of patients facing challenges in paying their hospital bills and those without external family care.
6. Has a referral office that operates 24/7, a trauma theatre specific for emergencies and accidents, and a pharmacy with all drugs made available without external referrals.
7. The typical turnaround time for the services within the department is between 5 to 7 hours, with trauma cases taking about 24 hours.
8. Has a corporate Outpatient Clinic Center that handles outpatients for the private wing of the hospital having 28 specialized clinics with specific days for specific doctors. The clinic has a robust state of the art que-management system for order in service provision. The center operates on a 100% e-hospital system, thus reducing paper use. Other clinics and equipment available include state-of-the-art ultrasound, an international vaccination center, and a dental unit.

Challenges faced by the hospital
Mr. Speaker and Hon Members, the hospital mentioned just one major challenge that is;

1. Inadequate public health systems. The Committee was informed that hospital often shoulders the burden of treating preventable diseases that could be managed through better public health systems, including improved access to clean water and sanitation.

OBSERVATION
Mr. Speaker and Hon Members, among others afore-listed, the Committee further observed;

1. THAT the managements of the two hospitals possess excellent management abilities, which could only be compared to a private facility management across the nation. The committee saw.
2. THAT KNH has a well-equipped mass storage facility and is adequately prepared to respond to disasters.
3. THAT KNH values hygiene with spotlessly clean facilities from the wards to the lavatories, no drugs and/or plaster odor and no patients roaming about the hallways as there is an officer who is strategically in charge of order.
4. THAT KNH has a disaster-specific ward which the Committee was made to understand has a full team of staff on standby.

5. THAT staff members from the two hospitals possess and portrayed exemplary positive attitude while discharging their duties. Their morale was seemingly high despite the obvious challenges.
6. THAT MLKH has an operational incinerator which serves both within and external waste management needs from neighboring facilities. Under construction is an ash pit which would complement the incinerator.
7. THAT MLKH has a fully equipped one-stop shop GBV clinic with its own laboratory that handles rape cases monthly offering a 24hr service center complete with counselling. The clinic has comprehensive linkages to the justice system
8. THAT MLKH has a theater solely dedicated to the maternity unit and a radiology unit servicing the maternity and newborn unit.
9. THAT MLKH Has a well-equipped children playground constructed under a partnership agreement with one of the schools in the neighboring community.
10. THAT MLKH has a fully equipped room with fridge and lactation equipment for conducive interaction and lactation services. Members of the staff are also allowed to access the facility.

RECOMMENDATIONS

1. THAT to avoid cases of constant abscondment the department of health in collaboration with the in charge of the hospital to come up with and implement a clear policy for contract agreements with health providers: This policy should be well-defined, comprehensive, and strictly enforced. It should outline the roles and responsibilities of health providers, including their duties, compensation, and consequences of abscondment of duties. This will help to ensure that all health providers are held accountable and meet their obligations. The policy should be submitted to the assembly within 60 days upon adoption of this report.

2. THAT the CEO of JOOTRH should come up with a program to attach health providers at KNH as this will not only enable them to observe and learn best practices and expose them to different patient populations and healthcare systems but also lead to improved quality of care provided to patients and optimize hospital operations.

3. THAT to ensure enhanced readiness and response to catastrophes and disasters, the County government need to invest more on emergency and disaster management infrastructure, equipment, staff and regular and diverse staff training so that they are well-equipped to handle any issue that may arise outside their current station.

4. THAT JOOTRH maternity wing should enhance family-centered care in order to provide a more supportive and compassionate healthcare experience for patients and their families.

5. THAT the County Public Service Board should endeavor to increase the staffing levels in the maternity and newborn sections of JOOTRH to ensure that there are enough nurses and doctors available to attend to patients. The last time the Committee visited the hospital, inadequate staffing poised as a big challenge to the department.

6. THAT the hospital management should consider initiatives that increase public awareness to avoid deaths resulting from late referrals and in readiness for emergencies. Such initiatives may include emergency exercises, public awareness campaigns, and outreach initiatives.

7. THAT the hospital should prioritize maternal and neonatal health by addressing issues staffing (in conjunction with the Public Service Board) among other issues. By doing so, it can reduce the high mortality rate (which stood at 16.11% as at November, 2022) and improve the quality of care provided to patients.

8. THAT JOOTRH should get in touch with the KHN to foster partnership in the areas the management proposed as had been mentioned earlier in this report.

9. THAT the county department of health should increase the capacity of and invest more in the lower-level hospitals to ensure that these hospitals have adequate resources to provide quality healthcare services. This can be done by providing equipment, training, and hiring more healthcare workers to ensure that they are adequately staffed and thus relieve JOOTRH off the burden it currently shoulders.

10. THAT the county department of health should consider offering telemedicine services to enable healthcare providers in lower-level hospitals to consult with specialists at the Level 5 hospital. This will ensure that patients receive the appropriate level of care without having to travel to the Level 5 hospital.

CONCLUSION

Mr. Speaker and Honourable Members, It is now my pleasure on behalf of the committee, to present the Health, Housing and Sanitation Committee report on its study tour at Mama Lucy Kibaki and Kenyatta National Hospitals to this Honorable House for adoption. May I call upon Hon. Emily Oginga to second.

The Temporary Speaker (Hon. Okumu, MCA, East Seme Ward): Hon. Emily Oginga.

Hon. Oginga (Nominated MCA): Thank you Mr. Speaker. I rise to second the report as presented by the Chairperson. I want to confirm that we did travel to Nairobi met the officials from the two health facilities and you can go through the recommendations presented. Thank you.

The Temporary Speaker (Hon. Okumu, MCA, East Seme Ward): Honourable Members, a report by the Health, Housing and Sanitation Committee on its Study Tour at Mama Lucy Kibaki and Kenyatta National Hospitals has been moved by the Chairperson and seconded by Hon. Emily Oginga. I therefore want to propose that this report be opened for debate.

The Temporary Speaker (Hon. Okumu, MCA, East Seme Ward): Hon. Habil Nyasuna.

Hon. Nyasuna (MCA, Masogo Nyangoma Ward): Thank you Mr. Speaker. Let me peruse through the report before I make my final submissions on the same.

The Temporary Speaker (Hon. Okumu, MCA, East Seme Ward): Thank you. Hon. Ratib Boitone.

Hon. Boitone (MCA, Nyalenda A Ward)**:** Thank you Mr. Speaker. The benchmarking was done and that has been confirmed by the Vice Chairperson Hon. Emily Oginga that a lot is being done by the two mentioned hospitals which are not being undertaken in our health facilities. They have gone further to give us recommendations.

Mr. Speaker, now my issue is, I know that the Second Assembly and may be the First Assembly also did some benchmarking. The Third Assembly too has now done its benchmarking. Mr. Speaker, were the recommendations given by the previous Assembly implemented? I am saying this because public funds have been used and if the trend continues without recommendations not implemented, then there would be no need of doing such exercises. This is the reason I am standing here to support the recommendations.

Mr. Speaker, after supporting these recommendations, I want to implore upon Honourable Members that these be put into practice. This is my honest prayer. Thank you.

The Temporary Speaker (Hon. Okumu, MCA, East Seme Ward): Thank you Hon Boitone.

The Temporary Speaker (Hon. Okumu, MCA, East Seme Ward): Yes, Hon Dede. I can see you perusing through the documents you want to present. No pressure Honourable Member.

Hon Dede (MCA, North Kisumu Ward): Thank you Mr. Speaker. Even though I was still getting ready, let me make my contribution now that you have given me this opportunity. First, I wish to congratulate the team for a good job done. Since we started, no committee has done a good job than the Health Committee. Thus, we applaud them.

Mr. Speaker, I can see the committee visited Mama Lucy Hospital. My worry is the staff establishment in that facility. We have been informed that Mama Lucy Hospital has 633 staff yet still below the threshold required. Yes, you have provided the numbers, could the committee break it down to specific departments? Secondly, even though Mama Lucy has existed for only 11 years, we have been told that patients take at most five days in the Wards. What of the percentage of those who visit the hospital for Caesarian Sections, will it be tenable? I am happy that at Mama Lucy, patients use Linda Mama and NHIF covers. This is something new that we can learn from.

Mr. Speaker, the Kenyatta National Hospital, the oldest hospital that was established in year 1901 is also progressing well. If you look at page 9, there is mention of Own Management Team. How can this be borrowed. In addition, on referrals, we can see they receive many patients, which is a plus. This means the hospital should be equipped with more staff to handle high number of cases. Again, Kenyatta National Hospital has a disaster management team, which handles relevant matters. There are also 28 specialized clinics within the same facility. This makes it easy for the clinics to attend to cases at any given times.

Mr. Speaker, we have also established that Kenyatta Hospital has a Counseling Department that runs for 24 hours. This is something we want borrow a leaf from.

Mr. Speaker, to comment on the findings of Kenyatta Hospital, my concern is on finding number 4; they offer waiver and provide bills, where patients are allowed to leave after receiving treatment, with a pledge to pay. My worry here is that, as a patient, I might pledge but not honor that pledge hence bringing debts to the management of the institution. Offers of Waivers are okay but pledging to pay later would cut short the operations to some extent. On disaster management; we got that in the hospital, the disaster management plan that occasionally conducts an annual drill to test its disaster management system preparedness. It is better because at any particular moment a disaster arises, the facility is able to manage it instantly before engaging other teams from outside.

Mr. Speaker, moving to recommendation number five; the County Public Service Board should endevour to increase the staffing levels in the maternity and the new born sections in JOOTRH. My worry is that we are talking about staffing in JOOTRH, yet as the Governor was laying his manifesto, we saw that most of the finances we receive a big chunk goes to the salaries and the wage bill. So, if we increase health workers in JOOTRH, how will we handle that wage bill and yet the percentage of the wage bill goes to around 65%, which should reduce to 35% so as to get funds to undertake development within the region.

Lastly, still on the wage bill, is on recommendation number nine; that the County Government should increase the capacity and invest more on lower levels to ensure that hospitals have adequate resources to provide for quality health services. It is good that if we practice that then we bring more resources to level 5 and level 3 hospitals; we will reduce the workload at JOOTRH. With those few remarks, therefore, I support the report, thank you.

The Temporary Speaker (Hon. Okumu, MCA, East Seme Ward): Yes, Hon. Reuben Rakwach of East Kolwa Ward.

Hon. Rakwach (MCA, East Kolwa Ward): Thank you Mr. Speaker, I also stand to support the report by the Sectoral Committee on Health, Housing and Sanitation but with some comments especially on the performance indicators. The observation here is that at 'Mama Lucy hospital', Nairobi, the mortality rate is at 3%, with a bed capacity of Kshs. 190%. This simple means that each bed has at least two patients, and this informs us that with proper management, even if infrastructure isn't sufficient, then we can still achieve something. The issue of bed occupancy therefore should be something that should be dealt with, and we should not even be discussing why sometimes we don't get proper services at our hospitals. If it is at 190% here, it is my belief that it is much more than what we have at our referral hospital. At the same time, Mr. Speaker, we realized that the referral rate is at 2%, which means that this is a hospital that is flocked by more patients because they know that the management and the services are good and they cannot afford to go somewhere else. So, I would urge the committee on implementation to follow up and make sure that all the recommendations that are put here are put into practice, just like my fellow colleague had also observed.

Mr. Speaker, I want to congratulate the committee because this is a very good report. In fact it is only the Committee on Roads, Public Works and infrastructure that can do a better report than this one.

(*Laughter*)

Mr. Speaker, I know that some committees have also gone out for official duties, done benchmarking, but not even a paragraph of a report has been brought and read in this Assembly. So, thank you very much, the Chairperson of the Committee on Health, Housing and Sanitation, and all its Members for the good job. Thank you.

(*Laughter*)

The Temporary Speaker (Hon. Okumu, MCA, East Seme Ward): Yes, the Hon. Member from Central Seme.

Hon. Biko (MCA, Central Seme Ward): Thank you Mr. Speaker, for allowing me to say that I am happy with the Committee on Health Housing and Sanitation for doing a commendable job.

Mr. Speaker, the observations and recommendations from the Committee are well stipulated that even if I had mine it may not make any change. However, I have an issue with observations number one and five where they say hospital management possess excellent management abilities. Then we move to number five were they say that the staff members of the two hospitals portray exemplary positive attitude. I do not know for how long this committee was in Nairobi. Maybe they should have made recommendation on the above if only they had been there for one month or one year to enable them come up with such an observation. Sincerely, on a hospital environment, you cannot give someone excellent management abilities and also saying that someone has a positive attitude yet you are aware of the nature of work and the environment at the hospitals. We are all aware on how Kenyatta National Hospital attends to so many cases. We are equally aware that in Mama Lucy Kibaki Hospital where various incidences have been reported. I just had those two issues with the observations. Those are my take with what they observed in Nairobi.

Mr. Speaker, though the recommendations are quite good, some cannot be achieved according to what you read in the morning about the Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH). When we look at the report concerning the hospital that you gave in the morning, I do not know how you can tell the recommendation number two that the CEO should come up with a programme to attach health providers at Kenyatta National Hospital. I do not know whether Nurses and Doctors from there will be seconded to Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH) to come and show our doctors and nurses to do best practices or what do they mean by that? Maybe the Chairperson should highlight that. Once again, I support the report and these are very good recommendations, thank you Mr. Speaker.

The Temporary Speaker (Hon. Okumu, MCA, East Seme Ward): Yes, Honourable James Were, MCA, Nyalenda "B" Ward.

Hon. Were (MCA, Nyalenda "B" Ward): Thank you Mr. Speaker. I also want to add my comment onto the report. I want to begin by congratulating the committee for a job well done. I believe they have made our work easier and we are leaning a lot from the Health, Housing and Sanitation Committee. I have gone through the report and if you see what is recommended here; if we as a County can borrow a leaf from these two facilities that were visited by the Committee, I believe it can help us also as Kisumu County in making sure our health facilities run smoothly.

Mr. Speaker, if you again check on recommendation number one, you will find out that the facility has a dedicated team with a good management structure. I believe the top-down communication is flowing and also every staff is in a good working environment as well as feel motivated. Mr. Speaker, you find out that at Mama Lucy Kibaki Hospital, there is no payment that is done in cash. They have gone digital with regards to payment of fees and charges. To me, these are the kind of ideas that we need to emulate so that we can inject the same policy in our facilities. I also believe that each and every institution is only efficient if it is generating income. If we develop this and make it be part of our plan, it can boost our Own Source Revenue and the morale of our staffs. Mr. Speaker, when have enough money, we can boost our human resource, we can also have adequate drugs in our facilities and I believe every activity will be running efficiently and smoothly. So, the Chairperson should continue with the good job.

Mr. Speaker, please allow me move to the observations; the way they respond to disaster, they are swift because they have the capacity. We can also borrow a leaf from them and ensure that if our people can be swift to disaster management response, I believe we shall achieve a lot and provide the best service for our people. Otherwise, I beg to support, thank you.

The Temporary Speaker (Hon. Okumu, MCA, East Seme Ward): The Honourable Alice Wajewa.

Hon. Wajewa (Nominated MCA): Thank you Mr. Speaker for this opportunity. I want to support the report. I appreciate what the Health, Housing and Sanitation Committee has done. They have really done a good job. That is because it has been a concern especially in our County pertaining the health issues. I am concerned about Maternal Mortality Rate in Kisumu County. It is so unfortunate that most of my friends are losing their new born; it was wise that they chose to visit KNH and Mama Lucy Kibaki Hospital so that we can see what they are doing better than us.

Mr. Speaker, I also support the recommendations and if at all we can put them in use, I am very sure that we can reduce the Maternal Mortality Rate in Kisumu. Last week, a friend of mine lost three new born babies, simply because even the hospitals that we thought were better here in Kisumu are not really good. We told her to go to JOOTRH because we have faith in JOOTRH and the only thing that they have captured in the report which is really appealing is the matter of staffing. They should increase the number of staff and also the equipment because in our hospitals we have so equipment which you cannot get in the private hospitals.

Mr. Speaker, I want to appreciate what the committee has done, it is a good job and I know Kisumu is going to be the best after all these recommendations are put into use. Thank you.

The Temporary Speaker (Hon. Okumu, MCA, East Seme Ward): Honourable Members, please allow me to give the Hon. Peter Obaso and I want to ask the Hon. Emily to consult closely with the chair.

Hon. Obaso (Nominated MCA): Thank you Mr. Speaker, let me start by commending the job well done by the committee for the observations and the recommendations they have made. From my own observation I still feel that JOOTRH is still much behind in so many things.

Mr. Speaker, sometimes back I went to visit Moi Referral and the quality of services they offer compared to JOOTRH there is a big gap. This may be caused by under staffing and funding. With adequate funding and staffing we are going to move in the right direction.

Lastly, we had an incident in our ward Kolwa Central, where one individual was attacked and we rushed him to JOOTRH and it took more than 12 hours before he could be attended to and we had to rush him from JOOTRH to Moi Referral. On reaching there it was late because the blood had already clotted on the brain hence losing him.

Mr. Speaker, I believe that we still have a long way to go but with the recommendation and observations the Committee has made on what they learned from KNH Nairobi, if put into practice we will head in the right direction, thank you and I beg to support.

The Temporary Speaker (Hon. Okumu, MCA, East Seme Ward): Yes Hon. Tom Onditi and I want to ask Hon. James Omollo to approach the Chair.

Hon. Tom Onditi (MCA, Ombeyi Ward): Thank you Mr. Speaker, I arise to make my general comment about the report and want to start by congratulating the Health and Sanitation Committee lead by the Chair Hon. Jagongo for a job well done.

Mr. Speaker, I have perused through this report shortly as I was seated here, I have realized that this is a very good report. If you look at the report it is more of a fact-finding report that would inform certain reforms within the health sectors particularly targeting JOOTRH. Reading through the report, it is very informative and looking at what the Health Committee is doing currently, they have portrayed that they are in a health transformation trajectory and having had some conversation with the CEC Member, this report has come at a good time and will form a lot of policy formulation work in terms of trying to reform the Health Sector. The report has given us some learning lessons and success stories the on the two facilities that the team visited which is Kenyatta Hospital and Mama Lucy Hospital.

Mr. Speaker, I therefore call upon this Committee especially the Committee of Implementation to consider working very closely with the Department of Health and Sanitation to ensure that, some of the recommendations contained in this report assist the policy formulation team at the County Executive. As they are formulating these policies it will transform the Health Sector, the team needs to borrow at lot from this report. It is more of a research and fact-finding and the document itself in my view is very commendable and it is the reason I applaud the team. Mr. Speaker, as a matter of fact, this should be the work of the Assembly by just trying to get more

information, to help inform the policy formulators at the County Executive so that, all the policies that are being designed at the Executive level address the issues that we are facing as a County.

Mr. Speaker, in realization of the fact that JOOTRH is almost covering the entire western region of Kenya say for the North Rift which is served by the Moi Teaching and Referral Hospital and given the demand, I believe that a lot of observations and recommendations provided in this report, will assist a great deal in transforming or shaping the policies that will transform the Health Sector given that the department is on a journey to transform the Health Sector in this great County. Otherwise, with those few remarks, I concur with the report. Thank you.

The Temporary Speaker (Hon. Okumu, MCA, East Seme Ward): Yes Hon. James Omollo.

Hon. Omollo (MCA, Central Nyakach Ward): Thank you Mr. Speaker. If I read the mood of the House, I beg to call the mover to reply. Thank you.

The Temporary Speaker (Hon. Okumu, MCA, East Seme Ward): Yes, the Hon. Vincent Jagongo.

Hon. Jagongo (MCA, North West Kisumu Ward): Thank you Mr. Speaker. I have noted the concerns of Honourable Members and it is my plea to the Committee of Implementation that let as a House Committee look at the recommendations that have been made to ensure that whatever that has been recommended are implemented in the health facilities.

Mr. Speaker, I similarly want to inform the Member for Nyalenda "A" Hon. Ratib that the Committee will still have more benchmarking. It does not mean that if you go and benchmark on a certain area, you cannot go and do another one. Mr. Speaker, this study tour was specifically meant for the Maternity Unit and the New Born Units and the one for Kenyatta Hospital, was for Emergency and Quick Response Department. This does not stop the committee from proceeding for another study tour to the Cancer Centre and any other departments. So, we will always go for these study tours and borrow good practices that can help us improve on our service delivery in our healthcare systems with Kisumu County.

Mr. Speaker, I just want to inform the Member for Central Seme Hon. Omuya that, the committee report that was presented in the morning was not for JOOTRH, it was for Kisumu County Hospital Management. It was a financial report.

Mr. Speaker, I want to thank all the Honourable Members who have contributed towards the adoption of this report and I want to assure this House that we will continue as a Committee in ensuring that we work hard and work closely with all the Members to ensure that we have good practices and endevour to improve the healthcare system within our electoral wards. Otherwise, thank you.

The Temporary Speaker (Hon. Okumu, MCA, East Seme Ward): Honourable Members, a report from the Standing Committee of Health, Housing and Sanitation on their Study Tour to Mama Lucy Kibaki and the Kenyatta National Hospital has been moved as a motion on the floor

of this House by the Chair Hon. Vincent Jagongo, seconded by the Vice-chairperson, debated by Honourable Members and it now time to put a question for the adoption of the report.

(Question put and agreed to)

The Temporary Speaker (Hon. Okumu, MCA, East Seme Ward): Honourable Members, the report from the Standing Committee of Health, Housing and Sanitation on their Study Tour to Mama Lucy Kibaki and the Kenyatta National Hospital has been adopted today Wednesday, 08th March, 2023 at 15:44 hours.

Honourable Members, I want to direct that the recommendations contained in this report are communicated to the Department of Health for implementation. Thank you

The Temporary Speaker (Hon. Okumu, MCA, East Seme Ward): Next order!!

ADJOURNMENT

The Temporary Speaker (Hon. Okumu, MCA, East Seme Ward): Honourable Members, before we adjourn, I want to make the following communication that I would have done earlier. That, the Department of Education has initiated the process of Bursary Disbursement in various schools.

Honourable Members, you are therefore reminded by the Committee on ECD, Adult Education and Vocational Training to ensure that the Bursary List from respective Wards are submitted not later than Monday, 13th March, 2023 so that the Committee on Education can push for the payment of Bursaries as soon as possible.

Honourable Members, there being no any other business to transact, the House stands adjourned until tomorrow Thursday, 09th March, 2023 at 02:30 p.m. Thank you.

(House arose at 15:53 p.m.)

Addendum

The Hansard Team

Zablon Otiende – Senior Hansard Reporter (Ag. Editor)

Edward Odanga – Hansard Reporter

Fanuel Okode – Hansard Reporter

Patrick Okoyo – Hansard Reporter

Jacklyne Otieno – Hansard Reporter

Jesca Otieno – Hansard Reporter

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