

COUNTY GOVERNMENT OF KISUMU**COUNTY ASSEMBLY OF KISUMU****THE HANSARD***Official Report***THIRD ASSEMBLY – THIRD SESSION****Wednesday, 03rd April, 2024****House met in the Main Chamber at 02:30 p.m.****(The Speaker (Hon. Elisha Jack Oraro) in the Chair)****PRAYERS**

The Speaker (Hon. Oraro): Mr. Clerk, please take us through the order of the day?

The Speaker (Hon. Oraro): Next order!

COMMUNICATION FROM THE CHAIR

The Speaker (Hon. Oraro): Honourable Members, I want to make communication based on what I observed during the morning session. There is a group of public who came to this Assembly when the session was still going on. I want to apologize on behalf of the staff but I have made it clear that it is an offense based on the provisions of the Powers and Privileges Act for any member of the public to access precincts of the Assembly without any authority. It was a breach of the protocol and the immunity that the Members of the Assembly enjoy. It entails even the security of the Members. I have communicated to the Clerk to take caution and that a report on what transpired be prepared for further action on the same.

Honourable Members, please refer to the Speaker's Rules on how you allow your visitors to the precincts of the Assembly. It is for your own benefit and that of the County Assembly. We have to be cognizant to the fact that we must have records of all the visitors coming in and out to the Assembly and even the public. That is why we do register our presence. There is a register for that so that we know who comes to the Assembly. We have always allowed those who are picketing to do so outside the precincts of the Assembly and not inside. I again want to apologize

on behalf of the staff but I cautioned that a report on what transpired in the morning be prepared so that we take necessary action. Thank you.

The Speaker (Hon. Oraro): Next order!!

PAPERS LAID

ROGUE LEADERSHIP OF KIBUYE MARKET MANAGEMENT COMMITTEE

BY

HON. KENNEDY AJWANG'

(VICE CHAIRPERSON, TRADE, TOURISM, INDUSTRY AND MARKETING
COMMITTEE)

The Speaker (Hon. Oraro): What is it Hon. Kennedy Ajwang'.

Hon. Ajwang' (Nominated Member): Thank you Mr. Speaker, allow me to lay this Paper on behalf of the Chair.

The Speaker (Hon. Oraro): Proceed.

Hon. Ajwang' (Nominated Member): Thank you Mr. Speaker. Pursuant to the provisions of Order No. 182 (6), read together with Order No. 217 (2), of the Standing Order, I wish to table today Wednesday 03rd April, 2024, a report of Trade, Tourism, Industry and Marketing Committee on the Petition of Rogue Leadership of Kibuye Market Management Committee led by Mrs. Judith Adhiambo Matengo.

The Speaker (Hon. Oraro): Honourable Members, I confirm the receipt of a report of Trade, Tourism, Industry and Marketing Committee on the Petition of alleged Rogue Leadership of Kibuye Market Management Committee led by Mrs. Judith Adhiambo Matengo is properly laid before the House.

Honourable Members, I want to refer ourselves to the provisions of Kisumu County Assembly Standing Order No. 217 on Petitions. I read;

“Every Petition presented or reported pursuant to this part shall stand committed to relevant Sectoral Committee and whenever a petition is committed to a Sectoral Committee, the committee shall work on it not more than calendar Sixty days from the time of reading the prayer respond to the petitioner(s) by way of a report addressed to the petitioner(s) and laid on the table of the County Assembly and no debate in relation to the report shall be allowed but the Speaker may in exceptional circumstances allow for comments or observations in relations to the Petitions for not more than Twenty minutes. The Clerk shall within Fifteen days in writing notify the petitioner(s) of the decision of the County Assembly on the Petition.

Honourable Members, the petition at hand is a Petition by Kibuye Traders against Alleged Rogue Leadership of Kibuye Market Management Committee led by Mrs. Judith Adhiambo Matengo. During the House sitting on Thursday 28th September, 2023, I reported to this House a petition dated 10th July, 2023 by Kibuye Traders against alleged Rogue Leadership of Kibuye Market Management Committee led by Mrs. Judith Adhiambo Matengo. The petitioner(s) alleged the following;

1. No public participation by traders was undertaken as enshrined in 2010 Kenyan Constitution during the purported elections of the leadership which violates trader's rights.
2. This election violates Chapter 4 (Bill of Rights) Article 33 clauses 1(a) of the said Constitution.
3. Removal of goons/hooligans assembled in the market in the form of securities be dismantled.
4. The rogue leadership of Judith Adhiambo Matengo be investigated.
5. Delegalizing the extortion fee/security levy.
6. Immediate restoration of ablution blocks/washrooms to sectorial traders and not an individual hence wastage of County resources benefiting few individual traders.
7. The terms and condition of the said body/ market management Committee office bearers and conduct of the fresh elections.

Honourable Members, the petition was committed to the County Assembly Committee on Trade, Tourism, Industry and Marketing in accordance with Standing Order No. 217 (2) of the County Assembly of Kisumu Standing Orders. The Committee concluded its investigation on the matter and today, a report is laid on the table of the County Assembly for each issue as follows;

1. Issue on public participation not being undertaken for the elections

The fact that all traders exercised their voting rights by electing their Sectoral heads as is their mandate indicates their participation in the election. The committee recommends that Market management elections be conducted in strict adherence to the laid down guidelines. Therefore, that prayers was thrown away.

2. Issue on removal of goons/hooligans assembled in the market in form of security

The committee finds Mrs Matengo in contravention of Article 73 of the Constitution of Kenya 2010.

Recommendation: the committee recommends abolishing the use of private security or traders by the alleged MMC for nighttime security. The new MMC that will assume office after fresh elections should take steps to prevent individuals who harass or endanger traders from operating within the market. The practice of using power houses as makeshift detention cells for traders must cease immediately.

3. Issue on the rogue leadership of Judith Matengo

Based on witness testimonies, police reports, and traders' submissions, the Committee finds Ms. Matengo and the MMC in contravention of the provisions of Article 73 of the Constitution of Kenya 2010 and Section 63 of the Penal Section Code Cap.

Recommendation: The Committee recommends that Mrs. Matengo ceases all actions that reflects harassment of traders, damage of trader's merchandise, or infringing on their right to free expression.

4. Issue on delegating extortion fee/security levy

The Committee acknowledges the initial agreement among traders for a daily security levy of 10 shillings.

Recommendation: The committee proposes that the new MMC, in collaboration with traders, re-evaluate the levy, decide on revised terms or abolish it altogether.

5. Issue on immediate restoration of ablution block to sectoral traders

The Committee established that there are eight ablution blocks in the market that were handed over by the City of Kisumu to the MMC herein under investigation for management through an MoU.

Recommendation: The Committee recommends that each sector make a formal request to the relevant authority for the management of the ablution blocks for consideration.

6. Issue on terms and condition of the alleged MMC and organization of fresh elections

The Committee established that the current MMC, under investigation, has run its three-year tenure.

Recommendation: The Committee recommends for new elections to commence forthwith for a new Market Management committee. These elections should be conducted in strict adherence to established regulations or guidelines as outlined in the Market Act (Cap. 482 of the Laws of Kenya) or any relevant County Market regulations.

Honourable Members, the committee has further made the following general recommendations;

1. THAT, the City Board is directed to develop and implement proper legislation for managing all markets within Kisumu County by the end of 2024. These regulations should establish effective management systems to ensure the smooth operation of these markets
2. THAT, since there exists a County Revenue Board legally established and mandated to streamline revenue collection, the Committee recommends that Revenue Board to assume its responsibility for all revenue collection previously handled by the Market Management Committee forthwith and if need be, a new Memorandum of Understanding (MoU) may be established to ensure the MMC retains the responsibility for operating, maintaining, and managing the ablution blocks. The responsible Department within the City administration will provide necessary facilitation for this purpose.
3. THAT, City of Kisumu is urged to prioritize the safety of traders and their merchandise. This includes ensuring adequate security presence during both day and nighttime by contracting security firms and if possible liaise with the Directorate of Inspectorate for establishment of a dedicated police post within the market. Use of personal/private security (including "goons" and traders) thereby prohibited.
4. THAT, the operations of the existing Market Management Committee be suspended with immediate effect by the City Manager through a notice. An election for the Market Management Committee shall then be conducted on a date not later than 30th August, 2024 with the full representation and participation of all the traders in the market.
5. THAT, the Constitution of Kenya 2010 empowers various institutions to address contraventions of law and any person, found in contravention is liable for legal action, disqualification from office, or upholding of fundamental rights. Having found Mrs. Matengo and the current MMC in contravention of the laws regulating conduct of office bearers and provisions the Chapter Six and Article 73 of the Constitution of Kenya 2010, the Committee therefore resolves THAT;
 - i. The City Manager to immediately suspend the operations of the existing Market Management Committee through an official notice.
 - ii. A fresh election for a new Market Management Committee be conducted by not later than 30th August, 2024. This election must ensure full representation and participation by all market traders.
 - iii. The below listed are therefore not eligible to vie for any position within the market.

Mrs. Judith Matengo, Alice Waga, James Oduor, Peter Otieno, Molly Atieno, Daniel Okumu, Jack Awandu, Austin Tom, Marion Akinyi, Lynet Onyango, Fidel Opala, Erick Otieno, Saum Rashid, Kenedy Anditi, Barnabas Ooko, Beatrice Ouko, Reuben Omumbo, Ooko Charles, David Okambo, Jared Onyango and Walter Aol.

Honourable Members, Standing Order No. 217 (2) states that; once the petition is committed then it is the responsibility of the committee to work on it and give feedback in form of a report and be laid on the table of the County Assembly. As I had earlier indicated there shall be no debate but the Speaker on exceptional circumstance may allow comments or observations in relation to the petition in not more than Twenty minutes.

Honourable Members, I want to allow for comments or observations on the same for the next Twenty minutes on what I have presented in summary.

The Speaker (Hon. Oraro): Yes Hon. Whip. Seth Kanga.

The Chief Whip (Hon. Kanga, MCA, Market Milimani): Thank you Mr. Speaker. I want to register my comments on the petition moreso on the recommendations based on the law. The residents of Kisumu or any other citizen has got the rights to petition the Assembly in any circumstance when they are dissatisfied with the services or administrative actions of the county. However, the law must be followed in all circumstances.

Mr. Speaker, you have read that the lady Mrs. Judith Matengo has been the subjected under Article 73 of the Constitution. Mrs. Judith Matengo may have committed some offence at the market. The provisions of Article 73 do not apply to the person of Judith Matengo. Article 73 talks about state officers and the state officers in this case are the President, the Deputy President, Senators, Members of Parliament, Women Reps and the Members of the County Assembly. Additionally, Article 73 further talks about Article 74 where they are subjected to oaths of office. Did Judith Matengo take any oath of office subject to Article 73? Where you are vilifying the same lady and this is why we fail when these matters go to courts for judicial review. The baseline of the matter is that we are subjecting the lady to the provisions of Article 73 while she is not a state officer. That is *null abinitio*.

Mr. Speaker, another issue I want to talk about is condemning the people whose names have been mentioned not to contest in the market elections. I don't believe the Assembly has got the powers to stop one from contesting in any election. We are violating the provisions of Article 1 of the Constitution which talks about the Sovereignty of the people of Kibuye Market or Kenyans at large. When you have the powers to inform people that so and so cannot contest then it is my belief that the Assembly has gone *ultra vires*.

Mr. Speaker, another issue is that these people were not subjected to the provisions of Article 47 where we have not seen in the report where they were notified of what they were accused of as

Traders of Kibuye Market, accorded time to defend themselves in line with the provision of article 43 of the Constitution of Kenya, how they responded and the proceedings of that House Committee meeting are not attached to this report. You cannot condemn people. I am always a visitor of courts where I attend criminal and civil matters. When you are condemned under Article 47 of the Constitution, it must be fair and procedural. Where you are notified what you have done and tried fairly. In any case, the Assembly would have invited the accused persons together with their legal counsel because the Assembly had gone further to violate the rights of these people, the right to contest which is shrined in the 2010 Constitution because of rumors that are not captured.

Mr. Speaker, if we want to proceed, then it should be in fair manner and citing the relevant laws which are relevant to what we are talking about. I have cited Article 73, the lady Nyaramba is not a state officer. Let us be fair. Unless you want this matter to fail because she will go to court and ask if she is a state officer under Article 73. The report is good but the articles or authorities cited in the report are wrong and we are going to fail. Thank you, Mr. Speaker.

The Speaker (Hon. Oraro): Hon. Kelvin Oraro.

Hon. Oraro (MCA, Kolwa Central): Thank you Mr. Speaker. I want to thank you. I want to thank the committee led by Hon. Alice Wajewa for working on this report. You were talking of a report being brought to this House within Sixty days and from the time the investigation started, it is more than the period indicated in the Standing Order. Mr. Speaker, to me the report is null and void.

Mr. Speaker, I want to agree with the sentiments of the Chief Whip on what he has just said. I don't know who was preparing the report but on matters of law, you must be precise. You don't just quote article without pointing the sections you are referring to. The Assembly is not only the place where one can get justice. Furthermore, the Assembly cannot be denying peoples' rights. Mr. Speaker, in that case, the issue where Judith Matengo is named as one of the persons bringing problems in Kibuye Market and the complainant with that statement you are reading shows that there are two warring parties. Those who lose elections will always complain and hey have realized that the Assembly is where they can get a hearing so that they can quash an election done in the market.

Mr. Speaker, it will be so malicious to let the County Assembly of Kisumu to start solving problems of markets regarding the elections that were conducted. Is there any letter or Minutes showing what they are doing and purpose of their visit? Or any evidence to show that they were not satisfied with elections? We have just been given a copy of a report and if you look at the report itself, this House Committee or its members who signed the report on the issue of election that is being purported was not well conducted. I believe that we do not have any law which agrees with the Petitioners. We do not have any law which gives guidance on how election of market officials can be done.

Mr. Speaker, remember that under Schedule Four of the Constitution of Kenya, markets are squarely under County Governments. The County Executive Committee Member in charge of Trade should by now have come up with a law or legislation that can protect or give direction or procedure or even guidelines on how to elect leaders in our markets and spell out how they can vacate office. Therefore, that is a mistake of the CECM of the relevant department. The reports talks about the City Board making that, and the Board trying to look at the entire county, which is actually wrong. The City Board is only mandated to work within its jurisdiction, that is, the city. However, the report is mandating the City Board to come up with a legislation that can help the entire county. On this, I do not agree with the report.

Mr. Speaker, there is a point that mentioned Fair Administrative Action and this is cited in Article 47 where any person accused in Kenya must always be given time to defend himself or herself. You cannot just wake up and start writing names of people without giving them a fair hearing. Again, the Assembly cannot be used to pass a law that at the end of the day will question some of those issues, and here we are educated, we have people with honourable titles. It would be said that we failed to foresee the bigger picture to reject the report on the grounds of such anomalies.

Finally, Mr. Speaker...

(Hon. Okumu rises on his feet)

The Speaker (Hon Oraro): What is your point of order Hon Okumu?

Hon Okumu (MCA, East Seme Ward): (On a point of order). Thank you Hon Speaker. I am rising while citing the provisions of Standing Orders Nol. 89 on Statement of Facts. I can see on the same report that the Honourable Member is referring to and the same that the Whip has also made his submission. I can see it is written that the Petitioners appeared before the House Committee on 19th October, 2023. On the same report, on 23rd of October, 2023 this House Committee met Kibuye Management Committee. Hon Speaker, are we referring to the same report or are they reading a different report? I need your guidance. Thank you.

The Speaker (Hon Oraro): Hon Oraro.

Chief Whip (Hon Kanga, MCA, Market-Milimani): Point of information Mr. Speaker.

The Speaker (Hon Oraro): Whom do you want to inform?

Chief Whip (Hon Kanga, MCA, Market-Milimani): Mr. Speaker, I want to inform the House at the same time inform Hon Okumu.

The Speaker (Hon Oraro): What is it?

Chief Whip (Hon Kanga, MCA, Market-Milimani): Mr. Speaker, when the Assembly or the committee of the Whole House makes some recommendations, did the members appear before

the House Committee? They did take oath/ because we are making farfetched recommendations. Did the said persons take oath as per the laid down procedures? If they did not take oath Mr. Speaker, while they were giving their evidences or defending themselves, this is an act of nullity

Mr. Speaker, because they did not take oath and we are about to make recommendations touching on matters which are going to stop the persons from contesting in the elections which, according to the report, will be held in August. Remember they did not take oath and we are about to make recommendations. If there is evidence Mr. Speaker, where are the evidences showing how they defended themselves, and is it not attached to the report. Thank you

The Speaker (Hon Oraro): Hon. Chief Whip what information are you giving?

Chief Whip (Hon Kanga, MCA, Market-Milimani): Mr. Speaker, I am giving information that the Annexes of how the proceedings were conducted is not included in this report.

The Speaker (Hon Oraro): Hon Seth Kanga, do you have the report with you?

Chief Whip (Hon Kanga, MCA, Market-Milimani): Yes Mr. Speaker, I have the report in soft copy.

The Speaker (Hon Oraro): Hon Seth Kanga, I have the full report with me here. What I gave is a summary of the Petition to give an opportunity to Members who want to comment. I did read Standing Order No. 217 on what happens when we have a petition. Further, I also did indicate that 15 days from the tabling of this report, we shall make communication to the Petitioners and they also have room to appeal. I, therefore, want to rule you out of order because the report we are discussion is a summary of the Petition. I only touched on the prayers and recommendations. I was not able to go through the details of what happened in the House Committee. However, I did agree as per the Standing Order No. 217 (2) that within 20 minutes, Members could give their comments. We still have 15 days before we make communication to the Petitioners.

The Speaker (Hon Oraro) : Hon Kelvin Oraro, you were on your feet?

Hon Oraro (MCA, Kolwa Central): Mr. Speaker, as I summarize. I like the way Hon Okumu is putting it. On what grounds did this House Committee meet the market officials? What was the purpose of the meeting? Was it about someone to come and defend? Did you give Mrs. Judith Matengo time to defend herself? Did you consider the list of Molly Atieno, Peter? Do we have evidence that they defended themselves of any accusations? You cannot accuse the entire team. Mr. Speaker, you know that the provision of Article 47 is trying to say that each individual has a right to defend himself. However, when you talk about meeting a team, then that is a different thing.

Mr. Speaker, my prayer is that this report is malicious. Its intention was to target some members of Kibuye market. I urge the House to throw this Report. Thank you.

The Speaker (Hon Oraro): Hon Gard Olima.

Hon Olima (MCA, South West Nyakach): Thank you Mr. Speaker. Mr. Speaker, I also want to contribute on the same. I want to believe that any Petition presented here is for the entire House. It is not even for a House Committee. The House Committee just takes the lead and gives a report. But the report, before the petitioner is served or given to back the petitioners, the House must approve the report and give its recommendations.

Mr. Speaker, we cannot allow this House of 47 Members be misled by six or seven Honourable Members. Mr. Speaker, if you look at the report, from introduction, it is malicious. Mr. Speaker, you cannot inform me that today we are sitting in this House to adjudicate on illegal or non-formal entities. What the County Government of Kisumu knows is that there is Kibuye Market and a market master employed by the County Government and the revenues officers employed by the same County Government. Any other thing there is informal. We cannot sit here to discuss women group issues and how they are formed, say in Oboch or Nyahera! Then you bring a petition so that we discuss an informal entity? Do we even have the constitution guiding the operations....

(Hon. Okumu rises on his feet)

The Speaker (Hon Oraro): What is your point of order Hon Seth Okumu?

Hon Okumu (MCA, East Seme): Hon Speaker, I know that what we are discussing in this House today is what is in the Order Paper. It is on a Petition that was brought to this Assembly. Is it right for the Honourable Olima to say that our discussion is based on Women group when the order paper states clearly what we are supposed to be discussing. I need your guidance Hon Speaker.

The Speaker (Hon Oraro): Hon. Olima!

Hon Olima (MCA, South West Nyakach): Thank you Mr. Speaker. It is my belief that it is a matter of English that Hon Okumu is not getting me. I am saying that what we are talking about is that Kibuye Market Group is an informal group. There might be one in Chichwa market, Railways market, or anywhere. Do we have the constitution of that group we are talking about here? Do we even know how they form their membership? How do they register to be members? Somebody now writes that so and so should not contest in any elections. Can you confirm to us that the person is a registered member of that group? Or that the person has a shop, or stall in Kibuye market? Do we have the license of those individuals?

Mr. Speaker, let us not ruin this House with irregularities or malicious intentions. I want to believe that when people sit in Kibuye, it is for their own welfare. If they cannot make their own welfare run, the county government will not help them run it. Let Judith Matengo have her group; the other group can also follow their own channel. That has got nothing to do with Kisumu County Government. Ours is to get revenue and give services and to ensure that the market works. In anything that someone is collecting money; the House Committee is reporting

that some strangers are collecting money from traders. That is the work of the market master. What did the market master say to this House Committee? Do we even have a report of our own employed by the County Government in Kibuye who has reported that he has been denied the collection of revenue because of some illegal people collecting the same?

Mr. Speaker, we cannot allow this House to release such a report to the public for consumption. If you look at what we are doing today, I have heard Hon Seth Okumu ask whether or not we are reading the same report. Mr. Speaker, from our end as members who you have given chance to comment on this issue, you have infringed on our rights by giving us an unfinished report. What have here is seen pages while what you have is more than 30 pages. Yet, you expect us to contribute effectively to what we do not have.

The Speaker (Hon Oraro): Order!! Order!! Hon Olima. I want you to rule you out of order on that statement. I have referred you to the provisions of Standing Order No. 217 (2). Before I gave you time to comment, I did not tell you to debate. I believe that the other Honourable Members have given their comments. It is the comment on a report that has been brought here. I did my best to give a summary of the prayers and what they have recommended. The reason I am giving you time to comment is to help me make a considered opinion. It is my responsibility as the Speaker that when a Petition is brought to this House, I commit it to the right House Committee as per the provisions of our Standing Orders, not as per my mind. Therefore, I want to rule you out of order on calling the Chairperson of being malicious. You need to apologize.

Hon Olima (MCA, South West Nyakach): Thank you Mr. Speaker, I apologize but reinforce that you have given us incomplete report to talk about. Lastly...

The Speaker (Hon Oraro): Hon Olima, the report is not from the Chairperson. The report is from a House Committee. Apologize and proceed with your comments.

Hon Olima (MCA, South West Nyakach): Thank you Mr. Speaker. I know you know very well that I do not belong to that House Committee. Therefore, I couldn't get it anywhere apart from through your office. But if that is so, we agree. I want to urge Honourable Members in this House today that please let us not play jokes in this House. What we have before us is a serious matter. You saw what happened here in the morning. If members of the public can storm the Assembly because some people want to play politics. Mr. Speaker, this issue is not as light as some people take it. If there are people who want to square their own issues outside there, let them do it in a better way not through Honourable Members that we are going to pass or give a Petition that cannot even withstand a clerk at a magistrate's office, to be administered as a case.

Mr. Speaker, if the Members want us to discuss that issue, I believe that we have the Committee on General Oversight. You can commit it before this House Committee where I belong so that we check on it thoroughly, get the facts and ensure we call all members of Kibuye with their licenses given by the Kisumu County Government so that we know who they are. There are cartels that may wish to taken over and are claiming that Kibuye is being misused. Mr. Speaker, I

want to say we dismiss this report by conducting a thorough investigation. However, first and foremost, we must know those we are dealing with. Is it a formal or informal group? We must get those documentations first so that we are clear on those we are dealing with and our expectations.

Lastly, Mr. Speaker, as we do all these things, today, Kisumu County Government and through the County Revenue Officer, Sub County Revenue Officer and Market masters of Kibuye market must appear before this House so that we all know the challenges that the county government is facing, before we know the challenges traders are facing. Mr. Speaker, I appeared in one of the meetings when the Petitioners were here. No single document or evidence was adduced. They were all rumours, innuendos that could not be administered before Table Clerk's office. I urge Members that we dismiss this report, commit it before General Oversight Committee, do a thorough thing and give guidance to traders in Kibuye. Thank you.

The Speaker (Hon Oraro): I had directed that this is not a debate. What I need was a comment on the Petition not even on the report. Honourable Members, we need to make reference to our Standing Orders. It's a comment on the Petition not on the report.

Chief Whip (Hon Kanga, MCA, Market-Milimani): Point of order Mr. Speaker.

The Speaker (Hon Oraro): Denied Hon Chief Whip.

Chief Whip (Hon Kanga, MCA, Market-Milimani): Mr. Speaker, we cannot comment....

The Speaker (Hon Oraro): Order!! Hon Seth Kanga. Please resume your seat.

Chief Whip (Hon Kanga, MCA, Market-Milimani): Mr. Speaker, the report...

The Speaker (Hon Oraro): Order!! Hon Seth Kanga, you are being disorderly.

(Hon Kanga spoke off the record)

The Speaker (Hon Oraro): Hon Seth Kanga, I repeat please resume your seat.

(Hon Kanga spoke off the record)

The Speaker (Hon Oraro): Order!! Hon Seth Kanga, resume your seat.

(Hon Kanga spoke off the record)

The Speaker (Hon Oraro): Hon Seth Kanga, resume your seat. You are becoming disorderly

(Hon Kanga spoke off the record)

The Speaker (Hon Oraro): Hon Seth Kanga, you know the rules of debate. If you are on a point of order, you say your point of order.

(Hon Kanga spoke off the record)

The Speaker (Hon Oraro): Hon Seth Kanga, you are a leader in this House. You are not supposed to be disorderly.

(Hon Kanga spoke off the record)

The Speaker (Hon Oraro): Order!! Hon Seth Kanga. I am very impartial that is why I am giving Honourable Members time to comment on the report. Otherwise, I would have passed the section. I want to give direction that the Members who are standing to take one minute each. That will be ten minutes. Let me start with Hon Nereah, the Deputy Speaker. Strictly one minute.

Hon Okombo (MCA, Manyatta “B”): Thank you Hon Speaker. Mr. Speaker, on this matter, we only have access to a summarized version of the Petition. However, I want to refer ourselves basing on the sentiments of the speakers that have left the Floor. I want to refer us to Section 16 of County Assemblies Powers and Privileges Act. I quote;

“any opinion of a House Committee or any conduct intended or likely to reflect adversely on the dignity or integrity of a county assembly or members or be contrary to the best interest of a county assembly is referred to as by this section as a breach of privilege”.

Mr. Speaker, I do not want to refer to this House as a House that lacks vision in terms of consideration of Petitions. There are member of this House Committee who sat and did the report. Mr. Speaker, may be due to lack of time, they would have given us more insight on what transpired or how the Petitioners presented themselves, because at this level, we are not in a position to examine every detail of the report because that full report has not been provided. But quoting the Standing Order upon which you have allowed us to share our views, Mr. Speaker, it does not require that we debate. Therefore, I want to excuse them for not providing a full report Mr. Speaker.

Mr. Speaker, any sentiments thereof that are meant to demean the dignity of this House constitute a breach of privilege. Thank you.

The Speaker (Hon Oraro): Hon Leader of Majority.

Leader of Majority (Hon Ooko, MCA, Ahero): Thank you Mr. Speaker. I rise to make my brief comments. First, I want to be on record that anytime there is an emotive matter from this House Committee, the Chair is always absent. I tend to believe that this is a very important observation. Mr. Speaker, we are from training and we were advised that in the absence of the Chair, he/she writes a written permission to the Vice Chair to read the report in his or her behalf. I hope she did so. Otherwise, I want to agree with the findings that public participation is very important for members of this market to have participated as enshrined in the 2010 constitution.

Mr. Speaker, this is a matter that has divided the market into two warring factions. As an Assembly we must be very careful and provide proper solution. On the issue of goons and hooligans, I believe that this is a matter that should be addressed by the city and the county

government. We have county Enforcement Officers that should provide security in the market. Mr. Speaker, on the issue of the Ablution Block, I also agree that they should be reverted to Sectoral Committees and urge the County Revenue Committee to take over the collection of revenue from the blocks.

Lastly, Mr. Speaker, I have gone through the report and also confirm that what you read is the correct version of what was posted in our groups. The cases that were mentioned that are in police OBs, I believe that they do not border on any criminality against these individuals that can stop them from vying. After all, this is a Market Committee that has its own constitution. If the constitution allows that there is no term limits, then we should not, as an Assembly we cannot stop these members from vying for these positions. If we do, we will be infringing on their rights. Thank you.

The Speaker (Hon Oraro): Hon Ochele.

Hon Ochele (MCA, East Kano Wawidhi): Thank you Mr. Speaker for giving me the time to make my comment. Mr. Speaker, I am privileged to be a Member of this House, that the Members of the public have been perceiving us to be one of the best assemblies in this republic. Mr. Speaker, I attended a function where H.E Prof Anyang' Nyongó was present and the Governor stated that in the entire republic, there is no assembly with brilliant brains like Kisumu County Assembly. Mr. Speaker, we are the only Assembly which is headed by an Engineer. We have several engineers as Members and different professions Mr. Speaker. Therefore, I want to believe that as we make our comments, they are coming from very intelligent minds that have done their thorough research. The outcome therefore, will be something positive for the people of Kibuye Market and Kisumu County at large.

Mr. Speaker, we have the Powers and Privileges Act, which gives us boundary within which we can operate. Our core mandate in this House is to make Laws but we are not the interpreters of the Laws that we make Mr. Speaker. I read some paragraph here which had been referred to by the Leader of Majority. That there is this individual, Judith Adhiambo Matengo, to show respect to the rule of Law, by obeying police Occurrence Book (OB) records like that one of a Mr. Kevin Ouma Miko, and that of Beatrice Wamalwa. Mr. Speaker, how does this Assembly know that these persons do not obey the Law? We do not interpret the Laws in this House, and if there is a breach of Law outside there, the O.B is taken at the Police Station and that gives the police the powers to arrest anybody who has acted contrary or in a manner bordering criminality. Mr. Speaker, we have the Courts, and any matter that has gone to the Police, should not be referred back to this House for interpretation. Therefore, Mr. Speaker, we can also pass this burden to these individuals who have not respected the Occurrence Book (OB) records and that they do not merit vying as leaders of the market.

Mr. Speaker, as an authority in this County, called the Kisumu County Public Service Board, is tasked with advertising, recruiting, appointing, members of staff for the County, and markets are

not exceptional. We have a market manager, tax collectors, who are staff directly answerable to the County Government of Kisumu and by extension, through their bosses, answerable to the Assembly. Mr. Speaker, in this Petition, none of these petitioners mentioned where the staff of this County breached any Law. Where any anomaly has occurred due to breach of any Law caused by the staff of this County. Mr. Speaker, we are discussing people who we do not have direct link to. If there was something wrong happening at Kibuye market, the person who should have brought a petition here would have been the City Manager, the CECM Trade or the Chief Officer Trade but not petitioners who lost elections but because they want to go back to the same positions in a moribund arrangement then we are invited to arbitrate. Mr. Speaker, I believe that we will be losing it big. I summarize by saying that I beseech my Speaker, who I know is always wise, to return that report to the sender, or to the respective House Committee so that they can do proper research on it.

Mr. Speaker, when a report of that magnitude is brought before this House, it is just in order that Members are provided with certain details of the petition and findings early in advance even if we were not to debate. Mr. Speaker, here we only got the summary without the annexes. So, I beseech the Chair that we save the face of this House, in the Kisumu County public, so that whenever we make decisions, other than this, then we will be walking the streets of this town with our shoulders held high, thank you Mr. Speaker.

The Speaker (Hon. Oraro): Hon. Carren Ajwang’

Hon. Carren Ajwang’ (MCA, Kaloleni-Shaurimoyo): Thank you, Mr. Speaker, as you are all aware, I am the MCA for Kaloleni-Shaurimoyo Ward which Kibuye market is situated. I start by the Standing Committee on Trade, Tourism, Market and Industry for the work they have done.

Mr. Speaker, the petitioners and the petitioned are my people, and I know all of them because I have been in Kibuye as a trader for more than 20 years. The two parties have both complained to me, as a mother, I thought that they did a good thing to bring the petition here so that they can be given a fair hearing. However, I am surprised because I attended one of the sessions when the petitioners and the management committee was invited. The Department of Trade was also invited as well and they made their submission and I am wondering why the report is quite shallow. I do not know why the Clerk was so reserved with the information. They should have included everything to make us be aware what is going on. Even the Vice Chairperson of the Market Management Committee was here and he testified against the committee. That committee is being considered a Court, we invited the Deputy Chairperson, as a prosecution witness, and even his report is not appearing on that report. The committee went on a site visit at Kibuye market and talked to traders to collect more evidence. They even talked to Market Superintendent and all the officers involved and County officials responsible in the market but it is not appearing in the report. So, whatever is provided here is shallow and you cannot make a good conclusion from it. I do not know what is happening because even the Members of the House Committee on Trade are here but they are not talking. There is nobody coming up to give

Members a clear picture of what has been going on in that House Committee. They have even fought concerning the report and papers torn in the process. There is a problem in that House committee, and it should be investigated first...

(Feet thumping)

Mr. Speaker, you can see that even the Chairperson is not here, and that shows that there is something amiss. They are playing with us, and I wonder why the committee Members are not even talking. They need to inform us all the processes which were followed and what you encountered in the process. That can give us a clear picture, for Members to come out with informed comments. Mr. Speaker, I am the area MCA, and those are my people, and I need to help them. Even now, they are listening as I talk, and I am not supporting any team but I request this Honourable House, Mr. Speaker, that this House Committee goes back to do a good report with full details, ...

(Feet thumping)

...so that even if when the report is brought back to this House, we are not supposed to be furnished with a summary but with a detailed report. What we were given is the Chair's moving notes instead of the detailed report so that we make our own notes, thank you Hon. Speaker.

The Speaker (Hon. Oraro): Honourable Members, I want to close comments on that Petition. Honourable Members, please resume your seats. I appreciate your comments on that report, but I want to implore upon you that sometimes we have to understand that we are guided by the rules of this House, and I have read the Standing Orders severally, and if you look at Standing Order No. 209 from part 23. It touches on Public Petitions, and there are direct provisions of what happens. The meaning of submission of public petitions, , notice of intentions to give a petition, from Standing Orders No. 209 to Standing Orders. No. 219. So, I really find it amusing when Members stand to debate, it is like we do not have the knowledge of the existence of the Standing Orders.

Honourable Members, I always say that we can revise the Standing Orders as many times as possible from anywhere and from any Member. The Standing Orders provide that any person can bring a petition to this House. Honourable Members, I presented to you when the petition came to this House, I did not have enough time to present the schedule signed by the committee Members. It is not my responsibility to be in that House Committee when they are talking to the petitioner or the petitioned. However, there is one thing that I have noticed in the Standing Orders is that it does not envisage a situation where Members are of contrary opinion because it only provides that once a petition is committed to a House Committee, the respective House Committee is expected to do a report. Once it does its report on Public Petitions, it tables it to the House, we make a public communication to the petitioner, and the relevant stakeholders who are there. Please read you Standing Orders and note the same. It does not envisage a situation where...

Hon. Olima (MCA, West Nyakach): A Point of information Mr. Speaker

The Speaker (Hon. Oraro): Hon. Olima, can you not see that I am on my feet. So, Honourable Members, the Standing Orders does not envisage a situation where there is contrary opinion. I want to ride on the provisions of Standing Order No. 1 of the County Assembly Standing Orders, which gives me authority on matters that are not expressly provided for in the Standing Orders.

Honourable Members, this matter that we are discussing now, is not expressly provided for in the Standing Orders, and therefore I can ride on the provision of Standing Order No. 1, to give directions. I will give 2 directions; one is that we have 15 days to give communication to this petitioners, and therefore want to urge any Member to bring a motion to this House that leaves us a rescinding of this report. The second direction is that; on the comments made by Members, I want to direct that I am going to give a considered opinion on the same report before the expiry of the 15 days, if there shall not be any Member who has brought a motion rescinding the decision of the House Committee, on the same. Honourable Members, I so direct.

The Speaker (Hon. Oraro): Next order!!

(Interruption of debate on Petition)

COMMUNICATION FROM THE CHAIR

Honourable Members, I would like to acknowledge the presence in the Speaker's Gallery this afternoon of visiting delegation.

1. Amanda Steven – Play Action International (U.K)
2. Hellen Gush – Play Action International (U.K)
3. Wilkister Odera – Director ECDE, Kisumu County Government.
4. Dennis Adero
5. Catherine Mirungi – From Uganda
6. Mikal Aketch
7. Benter Omollo –Ward Administrator, North Seme.

The Play Action International is in the Country as stakeholders and partners in the County Government, and I noticed Hon. Adegga has been taking them round on several site visits. They are dealing mostly with issues of Early Child Development and Education, and I want to give Hon. Adegga one minute to welcome them before we go to the next Order.

Hon. Adegga (MCA, Kajulu): Thank you, Hon. Speaker; I want to take this opportunity to welcome my visitors from United Kingdom. Our visitors, this is a House of 47 Members, 35 whom are elected and 12 nominated Members. Our mandate here is oversight, legislation and representation. In Kenya we have 2 levels of Government that is the National and the County Governments. In Kisumu County we have 2 organs of the County Government which are the County Executive and the County Assembly. All the projects done at the Ward level start with

public participation by the County Executive and brought to the Assembly for a follow-up on the public participation by the Assembly and approval. After approval, the Assembly oversights the projects on the ground.

Let me take this opportunity to inform my fellow colleagues here that these are good friends, and they have done wonders in my Ward. They have constructed a modern 4 classroom ECDE at Obwolo. Yesterday they were going round in my Ward to identify where they are going to build a playground for the ECDE kids at Ong'adi, and Kihanja. Today we were in Kisumu North Ward, Osinde ECDE and we later visited the Sidika ECDE, where they are surveying where they want to do other activities. Mr. Speaker, from here they want to head to North-Seme where they are going to conduct a survey with the intention of building a modern classroom at Kanon Nyongó and Rapogi ECDEs. Thank you very much Members, when you see them, welcome them. They also intend to build an ECDE classroom in Bwanda, in Kolwa Central Ward, and other wards. We have very good plans with them, even the Chairperson Committee on Education can affirm to that. They intend to build 42 ECDE classrooms in Kisumu County, which the Governor is aware of, and we are planning to sign an MOU with them. Thank you, Mr. Speaker, and to our visitors, feel most welcome in Kisumu and please endeavour to enjoy the delicacies and the culture offered by this county.

The Speaker (Hon. Oraro): Thank you so much Hon. Adegá, let me give the Chair, Education Committee one minute.

Hon. Okumu (MCA, East-Seme): Thank you so much Hon. Speaker. I want to join my colleague in welcoming our guests to the County Assembly of Kisumu. I was with the visiting delegation yesterday when we visited Kihanja Primary School, where they are going to do a playground for our ECDE kids. This is not the first project they are doing because they have done another one at Obwolo ECDE. Like my colleague says, they are planning to do several other projects in this County. We promised to do our part as a County Government so that we make this possible. I want to thank the Leader of Majority for retaining Members of the Committee on Education and you can see that all of them are very active and even bringing people who are going to help us in this County. You also realized that these projects are not specific to their wards but cuts across the County. Hon. Adegá is stretching to Sidika ECDE which is in North-Seme Ward, Bwanda in Kolwa Central Ward, and I know they are soon coming to East Seme Ward. The 42 ECDE classrooms will make sure that each Ward gets a taste of what Play Action International is doing in this County and Country and the world. I know we are soon visiting them, and we pray that when that time comes, we shall get more goodies to come home with. When they are here, please, join them wherever they are and invite them for happy hour so that they can enjoy their stay here in Kisumu. Thank you so much Hon. Speaker, and I really welcome our visitors.

The Speaker (Hon. Oraro): Thank you so much, Hon. Seth Okumu. Our visitors, you are welcome to Kisumu County Assembly, and feel free to interact with the Members at the appropriate time, and if there is anything else, our Serjeant-at-arms will guide you as appropriate.

The Speaker (Hon. Oraro): Next Order!!

MOTION:

ADOPTION OF A REPORT ON THE KNOWLEDGE EXCHANGE EXERCISE BETWEEN THE COMMITTEE OF MEDICAL SERVICES, PUBLIC HEALTH, AND SANITATION, MULAGO NATIONAL & REFERRAL HOSPITAL, AND UGANDA CANCER INSTITUTE.

PRESENTED BY;

HON. VINCENT JAGONGO, MCA, NORTH WEST KISUMU

(THE CHAIRPERSON OF THE COMMITTEE ON MEDICAL SERVICES, PUBLIC HEALTH AND SANITATION).

The Speaker (Hon. Oraro): What is it Hon. Emily Oginga?

Hon. Oginga (Nominated MCA): Mr. Speaker, I would like to move this motion on behalf of my Chair, Hon. Vincent Jagongo who is away.

The Speaker (Hon. Oraro): Hon. Oginga, you can proceed, but I believe that we had earlier on agreed that if a Chairperson is away, I should get an official communication. Nevertheless, the Speaker has exempted you.

Hon. Oginga (Nominated MCA): Mr. Speaker and Hon. Members, I am pleased to present this report detailing the outcomes of the Committee on Medical Services, Public Health and Sanitation's visit to Mulago National Referral Hospital (MNRH) and Uganda Cancer Institute (UCI), which took place from 17th to 17th October, 2023, as part of our commitment to fulfilling our mandate and ensuring continued improvement of healthcare system in Kisumu County.

By visiting Mulago, the committee's intendment was to gain valuable insights into the best practices for managing a large referral hospital. This knowledge is aimed for application at JOOTRH and KCRH among others, ensuring they function efficiently and deliver high-quality care.

UCI being a leading center for cancer treatment and research in East Africa, the Committee settled on it with intention to leverage on the experience the institution has so far gained in its years of research and cancer treatment for application in the ongoing establishment and its operations to improve healthcare delivery within Kisumu County and potentially the surrounding region.

Findings at Mulago National Referral Hospital

Mr. Speaker and Hon. Members, serving as a teaching hospital for Makerere University College of Health Sciences, MNRH is one of the largest and most prestigious publicly funded hospital serving not only Uganda but also receiving patients from the neighbouring countries.

By a publicly funded hospital, it is intended to mean that services for patients are free. However, this oftentimes is not the case as there are instances, as listed below, where patients may be called upon to spend;

1. Patients are likely to buy medicines if the ward pharmacy is out of stock of what is needed;
2. Pay for ultrasound and lab work if the doctor requests test which are not done at the hospital or in instances that the hospital lab machine is broken down.

Role of the facility in Uganda's Healthcare System

The Committee established that Mulago National Referral Hospital plays a pivotal role in Uganda's healthcare system. It serves as a cornerstone of healthcare delivery in the country, fulfilling several key functions:

1. Specialized care: The hospital offers specialized medical services, including surgeries, pediatrics, cardiology, and oncology, which are often beyond the capabilities of regional healthcare facilities.
2. Training and research: It is a hub for medical education and research, training healthcare professionals and conducting medical research that advances the field in Uganda.
3. Referral center: It serves as a referral hospital, receiving patients from lower-level healthcare facilities, offering advanced diagnostics, and specialized treatments.

Key Learning from Mulago National Referral Hospital

The Committee learnt the following lessons from MNRH;

1. THAT the facility has a well-defined decision-making structure, which ensures that decisions are made in a timely and efficient manner.
2. THAT the hospital has invested heavily in advanced medical equipment and specialized units, which enables it to offer a wide range of specialized medical services.
3. THAT the hospital places a high emphasis on infection control and sanitation practices to ensure the safety and well-being of patients, staff, and visitors.
4. THAT the fact that the hospital has 10 large washing machines and one large industrial iron machine is a good indication of the importance the facility places on cleanliness and hygiene.

Best Practices for Kisumu County

The Committee identified the following as the best practices Kisumu County can emulate from the experiences from MNRH;

1. **Specialized units:** Establishing specialized units within healthcare departments is beneficial for offering advanced and specialized care.
2. **Medical equipment and facilities:** Kisumu County can learn from Mulago Hospital's investment in state-of-the-art medical equipment and facilities. Adequate diagnostic and treatment equipment, as well as modern operating theaters, are crucial for providing high-quality care.
3. **Teaching and research:** Training healthcare professionals and conducting research are vital components of healthcare improvement.
4. **Emergency care:** Ensure the availability of well-equipped emergency departments with trained staff to provide immediate care to patients with life-threatening conditions. Quick access to emergency care is crucial in saving lives.
5. **Mental health services:** Exemplary mental health services, which is often an underserved area in healthcare. Mental health services should be integrated into the healthcare system.
6. **Infection control:** Implement rigorous infection control practices to prevent hospital-acquired infections. Proper sterilization of instruments and hand hygiene are crucial for patient safety.
7. **Waste management:** Proper waste management practices, including segregation and disposal of biomedical waste, are essential to maintain a safe and clean healthcare environment.
8. **Energy efficiency and sustainability:** Implementing energy-efficient practices and exploring sustainability initiatives reduce hospital's environmental impact. This includes using renewable energy sources and eco-friendly building designs.

AT UGANDA CANCER INSTITUTE (UCI)

Hon Speaker, this is a summary of UCI's expertise and the key takeaways for the development of the JOOTRH cancer center.

UCI's mandate

UCI plays a critical role in Uganda's fight against cancer by:

1. Coordinating policy development
2. Overseeing cancer care, research, and training
3. Leading prevention, control, and management efforts.

Services offered

The Committee established that UCI offers a comprehensive range of services, including:

1. Preventive measures
2. Screening programs
3. Diagnostic procedures
4. Treatment options
5. Palliative care
6. Cutting-edge research focused on improving cancer prevention, diagnosis, and treatment

Unique funding model

Unlike MNRH whose budget is under the Ministry of Health, UCI has budgetary autonomy, allowing for greater flexibility in resource allocation.

Pre-tour discussions

The Committee and UCI held a productive boardroom meeting in which they covered various aspects of cancer care which included;

1. Treatment approaches
2. Infrastructure needs for specialized treatment and diagnostics
3. Cancer research initiatives
4. Infrastructure requirements for research labs, data management, and collaboration spaces
5. Quality control and radiation safety protocols
6. Evaluating radiation therapy infrastructure
7. Patient and staff safety during radiation treatment
8. Importance of patient-centered infrastructure
9. Outreach programs utilizing mobile clinics and telemedicine
10. Considerations for bunker construction

Lessons learned and best practices

During this exercise, the Committee noted some aspects in the UCI's operations that it thought could offer valuable insights for the JOOTRH cancer center.

By adopting these best practices and learning from UCI's experience, the Committee is inclined to believe that JOOTRH cancer center can effectively serve the needs of the Kisumu County community.

1. Comprehensive care model

THAT it is needful to adopt a comprehensive care model which not only include treatment but also screening, early detection, prevention, and survivorship programs, ensuring a holistic cancer care.

2. Community engagement

THAT it is very important to engage the local community. UCI's outreach programs are successful because they involve the community in cancer awareness and screening efforts.

3. Infrastructure planning

THAT it is crucial to prioritize design and layout of the cancer center to create patient-friendly spaces, including comfortable waiting areas, counseling rooms, and support group spaces. Consideration should also be given to well-lit and soothing treatment areas.

4. Telemedicine and mobile clinics

UCI understands and has taken into consideration the geographical challenges and thus implemented telemedicine infrastructure and mobile clinics to bring cancer care closer to remote areas. It's success in this area thus far can serve as a blueprint.

5. Partnerships

THAT it is needful to explore partnerships with local and international healthcare providers, NGOs, and research institutions to strengthen cancer center's capabilities.

6. Training and capacity building

UCI's approach to continuous training and professional development is a valuable lesson. The Committee grasped that investing in training and capacity building for healthcare professionals is necessary to address the shortage of skilled personnel.

7. Research and innovation

THAT it is important to encourage research and innovation within the cancer center. Supporting local research initiatives and clinical trials can help advance cancer care and improve treatment outcomes.

Challenge faced by UCI

Despite its overwhelming strengths, UCI faces a significant challenge which is the lack of public awareness and misconceptions surrounding cancer which has oftentimes led to delayed diagnosis. Out of Uganda's 34,000 reported cases, only 20% reach UCI, with children making up 10% of that number.

Recommendations

Hon Speaker, in order to identify the most effective strategies to improve healthcare outcomes for the citizens of Kisumu County and the surrounding region, the Committee has made its proposals for recommendation's in two-part as seen in pages 28 and 29 of this report.

The first part involves recommendations emanating from the Committees' experience and lessons from Mulago National Referral Hospital, a leading medical facility in Uganda. The Committee has carefully assessed the expertise and insights offered by Mulago's medical professionals and made recommendations for their applicability to suit the needs of Kisumu County (see page 28).

The second part of the recommendations focuses on the experiences and lessons from Uganda Cancer Institute, a specialized center dedicated to cancer treatment and research. The Committee has proposed recommendations to be implemented to enhance cancer care services within Kisumu County (see page 29).

Acknowledgment

Hon Speaker, please allow me this opportunity to thank all the Members and secretariat of this committee for their dedication prior, during and after this exercise and in the subsequent production of this report.

Equally, the Committee recognizes the Offices of the Speaker and the Clerk of the County Assembly for offering extreme support and a show of goodwill that culminated to success of this activities.

The Committee's immense gratitude goes to the managements of; Mulago National Referral Hospital led by the Executive Director Dr. Rosemary Byanyima and her deputy Dr. Kabira, Uganda Cancer Institute led by the Executive Director Dr. Jackson Orem and all their staff for the cordial welcome and full cooperation accorded to the Committee during the entire exercise.

Mr. Speaker and Hon. Members, this report has identified areas where the County can make immediate improvements and also long-term strategies for the betterment of our healthcare system.

It is therefore my pleasure on behalf of the Committee to recommend;

THAT this House adopts a report of Medical Services, Public Health and Sanitation Committee on the knowledge exchange between the Committee, Mulago National Referral Hospital and the Uganda Cancer Institute.

Preface

Establishment and mandate of the Committee

Mr. Speaker and Honourable Members, Medical Services, Public Health and Sanitation Committee was established pursuant to Orders Nos. 156, 158(3) and 193(1) of the Kisumu County Assembly Standing Orders and constituted via the Selection Committee report of Tuesday 17th July, 2023.

Membership

The committee on Medical Services, Public Health and Sanitation Committee as was constituted pursuant to the Selection Committee report that was adopted by this House during the special sitting of July 17th July, 2023.

As at the time of undertaking this exercise, the committee constituted the following;

SRL NO.	NAME	POSITION
Members		
1.	Hon Vincent Jagongo	Chairperson
2.	Hon Emily Oginga	Vice Chairperson
3.	Hon Seth Okumu	Member
4.	Hon Nereah Okombo	Member
5.	Hon Kennedy Ooko	Member
6.	Hon Joachim Oketch	Member
7.	Hon Lumumba Owade	Member
Secretariat		
1.	Mr. Owen Ojuok	Clerk of the County Assembly
2.	Ms. Angelyne Obonyo	Clerk Assistant
3.	Mr. Abraham Odegi	Sergeant-at-arm
4.	Ms. Valery Achieng'	Hansard

Committee mandates

The Committee executes its mandate in accordance with the provisions Orders No. 193 (Second Schedule) of the Kisumu County Assembly Standing Orders 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.

Legal Framework

Mr. Speaker and Honourable Members, the following statute formed the legal framework pre, during and post this exercise.

Article 185(3) of the Constitution of Kenya, 2010

Legislative authority of county assemblies

- (3) A county assembly, while respecting the principle of the separation of powers, may exercise oversight over the county executive committee and any other county executive organs.

Section 8(1)(f) of the County Governments Act No.17 of 2012

Role of the county assembly

- 1) The county assembly shall -
f. perform any other role as may be set out under the Constitution or legislation.

Kisumu County Assembly Standing Orders No. 194(2)(c)

Which provides for preparation of annual Workplans by Committees in each Fiscal Year.

Kisumu County Assembly Standing Orders No. 193(second schedule)

Mandates the Committee to investigate and inquire into-

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.

Kisumu County Assembly Standing Orders No. 193 (5) (g)

(5) The functions of a Sectoral Committee shall be to —

- (g) make reports and recommendations to the County Assembly as often as possible, including recommendation of proposed legislation.

Overview history of Mulago National Referral Hospital

Mr. Speaker and Hon Members, Mulago National Referral Hospital (MNRH) was founded in 1913 as a center for treatment of sexually transmitted diseases (STDs). It was originally located in Old Mulago, but in 1962, a new hospital was built in Upper Mulago. The new hospital was donated by Queen Elizabeth II of England, and it significantly increased the bed capacity. The hospital lies on approximately 85 hectares of land.

MNRH has since grown to become the largest and most prestigious publicly funded hospital, meaning that services for patients are free.

This said however, it is still not entirely free for a patient to get treatment because at time patients are likely to buy medicines if the ward pharmacy is out of stock of what is needed and even pay for ultrasound and lab work if the doctor requests test which are not done at the hospital (or in instances that the hospital lab machine is broken down).

The facility serves as the teaching facility for Makerere University College of Health Sciences, and it provides a wide range of specialized medical services, including surgery, cardiology, oncology, and obstetrics and gynecology.

Over the years, MNRH has played a major role in the development of healthcare in Uganda. It has trained thousands of health professionals, and it has provided care to millions of patients. MNRH has also been at the forefront of introducing new medical technologies and treatments to Uganda.

The Hospital operates under the Ugandan Ministry of Health as one of its departments.

MNRH is divided into two campuses:

Upper Mulago: a large 6 story building with 3 wings, is the main campus and focuses on specialized medical services, advanced surgical procedures, and inpatient care. It is equipped with modern infrastructure, including specialized wards and operating theaters, making it a hub for complex medical cases. It has a capacity of 750 beds.

Lower Mulago: primarily serves as an outpatient center, offering essential medical services, consultation, and diagnostics. It plays a crucial role in relieving the pressure on Upper Mulago by handling less severe cases and providing primary healthcare services with a capacity of 950 beds.

Mission:

The hospital's mission is to provide quality, comprehensive, and specialized healthcare services to all Ugandans and beyond. Mulago Hospital strives to be a center of excellence in medical research, education, and clinical care.

Vision:

The hospital's vision is to be a world-class healthcare facility, providing cutting-edge medical services and contributing to the development of medical science and technology in Uganda and the East African region.

Values:

Mulago National Referral Hospital is guided by a set of core values, which include:

- a) Quality: The hospital is committed to providing high-quality healthcare services to all patients.
- b) Compassion: Staff at Mulago Hospital prioritize compassionate care and support for patients.
- c) Integrity: They uphold ethical and professional standards in all aspects of their work.
- d) Teamwork: Collaboration and teamwork are essential in delivering the best possible care.
- e) Innovation: The hospital promotes a culture of continuous improvement and innovation in healthcare.

2.1. Governance Structure

The governance structure of Mulago National Referral Hospital comprises:

- a) Ministry of Health: The hospital operates under the oversight of the Ministry of Health in Uganda.
- b) Hospital Management Board: This board is responsible for the hospital's overall governance, policy formulation, and decision-making. It is composed of various stakeholders, including government officials, healthcare professionals, and patient representatives.
- c) Hospital Administration: The day-to-day operations are managed by a team of administrators, including the Hospital Director and other departmental heads.

Safety and Security Measures

Mulago National Referral Hospital has comprehensive safety systems in place to ensure the well-being of patients, staff, and visitors. Some of these measures include:

- a) CCTV Coverage: The hospital is equipped with a network of security cameras to monitor critical areas, ensuring a safe environment for everyone.
- b) Fire Safety: Mulago Hospital has a robust fire safety infrastructure, including fire alarms, extinguishers, and regular fire drills to respond effectively to potential emergencies.
- c) Emergency Medical Services: The hospital has a dedicated team of healthcare professionals trained to respond swiftly to medical emergencies within the premises.

Legal and Policy Framework

The operations of Mulago National Referral Hospital are governed by:

- a) Ugandan Healthcare Laws: The hospital operates in compliance with Uganda's healthcare laws and regulations, including Objective 20 of the Ugandan Constitution, which set standards for the provision of healthcare services.

- b) Ministry of Health Policies: The Ministry of Health provides policy guidelines that the hospital must adhere to, ensuring consistency with national healthcare goals.
- c) Patient Rights: The hospital respects and upholds the rights of patients, including their right to confidentiality, informed consent, and quality care.

Role of the facility in Uganda's Healthcare System

Mulago National Referral Hospital plays a pivotal role in Uganda's healthcare system. It serves as a cornerstone of healthcare delivery in the country, fulfilling several key functions:

- a) Specialized care: The hospital offers specialized medical services, including surgeries, pediatrics, cardiology, and oncology, which are often beyond the capabilities of regional healthcare facilities.
- b) Training and research: Mulago Hospital is a hub for medical education and research, training healthcare professionals and conducting medical research that advances the field in Uganda.
- c) Referral center: It serves as a referral hospital, receiving patients from lower-level healthcare facilities, offering advanced diagnostics, and specialized treatments.

Decision-making structure

The decision-making structure at Mulago National Referral Hospital is well-defined:

- a) Hospital management board: This board oversees the strategic direction of the hospital, formulates policies, and ensures compliance with regulations.
- b) Hospital director: The Hospital Director, appointed by the government, is responsible for the day-to-day administration and management of the hospital.
- c) Departmental heads: Each department within the hospital, such as Surgery, Internal Medicine, Obstetrics, and Gynecology, has its head responsible for department-specific decisions and management

Services offered

- i. Internal Medicine
- ii. Surgical Services
- iii. Pediatrics & Child Health services
- iv. Diagnostics
- v. Finance and Administration
- vi. Private Patients' Services.

Departments in the facility including specialized units and advanced medical equipment. MNRH is committed to providing the best possible healthcare to its patients. The hospital's investment in advanced medical equipment and specialized units reflects this commitment.

1. Department of surgery
 - a) The Department of Surgery at Mulago Hospital is a vital component of the hospital's services, offering a wide array of surgical specialties, including general surgery, orthopedic surgery, neurosurgery, and plastic surgery.
 - b) Equipped with state-of-the-art surgical facilities, including modern operating theaters, surgical instruments, and monitoring equipment.
 - c) Specialized units such as the Cardiothoracic Surgery Unit and the Pediatric Surgery Unit provide advanced surgical care.
2. Department of internal medicine
 - a) The Department of Internal Medicine deals with the diagnosis and non-surgical treatment of complex medical conditions.
 - b) This department comprises specialized units such as the Nephrology Unit (for kidney diseases), the Gastroenterology Unit (for digestive disorders), and the Cardiology Unit (for heart-related conditions).
 - c) Advanced medical equipment includes ECG machines, echocardiography, endoscopy, and dialysis machines.
3. Obstetrics and gynecology department
 - a) This department focuses on women's health, pregnancy, and childbirth.
 - b) Wards and units include labor and delivery rooms, antenatal and postnatal units, and a neonatal intensive care unit (NICU) for premature and high-risk infants.
 - c) Equipped with fetal monitors, ultrasound machines, and advanced labor and delivery equipment.
4. Pediatrics department
 - a) The Pediatrics department caters to the healthcare needs of children, including specialized care for neonates and infants.
 - b) Has a capacity of 30 beds and a mini-morgue.
 - c) Features a Pediatric Intensive Care Unit (PICU) with advanced ventilators and monitoring systems.
 - d) Equipped with pediatric specialists, incubators, and neonatal resuscitation equipment.
5. Radiology and imaging department
 - a) The Radiology Department plays a crucial role in diagnostic and interventional procedures.

- b) Equipped with a range of imaging technologies, including MRI, CT scans, X-ray, ultrasound, and interventional radiology.
 - c) Specialized equipment aids in accurate diagnosis and minimally invasive treatments.
6. Laboratory unit
- a) The hospital's laboratories provide comprehensive diagnostic services, including clinical chemistry, hematology, microbiology, and pathology.
 - b) Equipped with cutting-edge laboratory equipment, automated analyzers, and expert staff.
 - c) Supports disease diagnosis and monitoring treatment effectiveness.
 - d) Patients are not required to have replacement donors in order to receive blood.
7. Intensive care unit
- a) The government funds 80% of the ICU bill
 - b) Has a capacity of 27 beds 9 of which are common admissions and 18 are ICU.
 - c) Has a inside the ward a fully insulated room for isolation purposes.
 - d) Admissions here include major surgeries, concussions, neuro, abdominal surgeries among others
 - e) Maximum stay is 9 days but the longest stay the facility has had is 1 year 3 months.
8. Oncology unit
- a) The Oncology Unit specializes in the diagnosis and treatment of cancer.
 - b) Equipped with radiation therapy machines, chemotherapy suites, and cancer-related diagnostic equipment.
 - c) Collaborates with other departments for comprehensive cancer care.
9. Emergency department
- a) The Emergency Department at Mulago Hospital is a critical service for urgent medical care.
 - b) Equipped with resuscitation equipment, trauma bays, and a 24/7 team of healthcare professionals.
 - c) Provides immediate care to patients with life-threatening conditions.
10. Orthopedic department
- a) This department specializes in the diagnosis and treatment of musculoskeletal conditions.
 - b) Equipped with modern orthopedic surgery theaters, rehabilitation facilities, and advanced imaging for orthopedic conditions.

11. Psychiatry and mental health services

- a) The hospital offers mental health services, including inpatient and outpatient care.
- b) Equipped with psychiatric wards, counseling services, and medications for mental health conditions.
- c) A multidisciplinary team provides support for mental health patients.

12. Pharmacy and drug dispensing

- a) Mulago Hospital maintains well-stocked pharmacies that dispense medications prescribed by healthcare professionals.
- b) Ensures access to essential medications for patients throughout the hospital.

13. Advanced diagnostic services

- a) The hospital offers advanced diagnostic services, including molecular diagnostics and genetic testing.
- b) Equipped with advanced diagnostic machines for accurate and specialized testing.

The table below shows a list of some of the key departments and wards, along with their specialized units and advanced medical equipment.

Srl No.	Department	Specialized Units	Advanced Medical Equipment
1.	Accident and Emergency	Acute Care Unit, Burns Unit, Trauma Unit	CT scanner, MRI scanner, X-ray machines, ventilators, defibrillators
2.	Anesthesiology	Intensive Care Unit, Pain Management Unit	Anesthesia machines, ventilators, monitors, patient warmers
3.	Cardiology	Cardiac Catheterization Laboratory, Electrophysiology Laboratory	Cardiac catheterization equipment, electrophysiology equipment, echocardiography machines, stress test machines
4.	Dermatology	Dermatopathology Unit, Phototherapy Unit	Dermatoscopes, skin biopsy machines, phototherapy units
5.	Ear, Nose, and Throat (ENT)	Cochlear Implant Unit, Head and Neck Surgery Unit	Cochlear implant devices, microscopes, surgical instruments
6.	Endocrinology	Diabetes Clinic, Thyroid Clinic	Blood glucose meters, insulin pumps, thyroid function analyzers
7.	Gastroenterology	Endoscopy Unit	Endoscopes, endoscopic accessories
8.	Hematology	Blood Bank, Hematology Laboratory	Blood collection and processing equipment, hematology analyzers
9.	Infectious Diseases	HIV/AIDS Clinic, Tuberculosis Clinic	HIV/AIDS testing equipment, tuberculosis testing equipment, microscopes
10.	Internal Medicine	Nephrology Unit,	Dialysis machines, ventilators,

		Respiratory Unit, Rheumatology Unit	rheumatologic testing equipment
11.	Neurosurgery	Neurointensive Care Unit, Pituitary Surgery Unit	CT scanner, MRI scanner, microscopes, surgical instruments
12.	Obstetrics and Gynecology	Labor and Delivery Unit, Neonatal Intensive Care Unit (NICU)	Fetal monitors, neonatal ventilators, incubators
13.	Oncology	Chemotherapy Unit, Radiotherapy Unit	Chemotherapy equipment, radiotherapy machines
14.	Ophthalmology	Cataract Surgery Unit, Glaucoma Surgery Unit	Microscopes, surgical instruments
15.	Orthopedics	Trauma Unit, Joint Replacement Unit	C-arm fluoroscopes, microscopes, surgical instruments
16.	Pediatrics	Pediatric Intensive Care Unit (PICU), Pediatric Oncology Unit	Neonatal ventilators, incubators, chemotherapy equipment
17.	Psychiatry	Child and Adolescent Psychiatry Unit, Substance Abuse Treatment Unit	Electroconvulsive therapy (ECT) machines, transcranial magnetic stimulation (TMS) machines
18.	Radiology	CT Scan Unit, MRI Scan Unit, X-ray Unit	CT scanner, MRI scanner, X-ray machines
19.	Surgery	Cardiac Surgery Unit, Neurosurgery Unit, Orthopedic Surgery Unit	Microscopes, surgical instruments

Specialized Medical Services

MNRH offers a wide array of specialized medical services, catering to various healthcare needs.

Key specialized services include:

Internal medicine

- a) The hospital's Department of Internal Medicine provides comprehensive care for adults with complex medical conditions.
- b) Specialized units focus on cardiology, nephrology, gastroenterology, and pulmonology, offering specialized diagnostics and treatment for diseases in these areas.
- c) Equipped with advanced diagnostic tools, including echocardiography, endoscopy, and hemodialysis machines.

Pediatrics

- a) The Pediatrics Department specializes in children's healthcare, including neonatal and pediatric care.
- b) Features a Pediatric Intensive Care Unit (PICU) with advanced ventilators and monitoring systems.
- c) Offers specialized care for pediatric medical and surgical conditions, ensuring the well-being of young patients.

Surgical services

- a) The Department of Surgery at Mulago Hospital conducts a wide range of advanced surgical procedures, including general surgery, orthopedic surgery, neurosurgery, and plastic surgery.
- b) Advanced operating theaters and state-of-the-art surgical equipment are available.
- c) The hospital houses specialized units such as the Cardiothoracic Surgery Unit and the Pediatric Surgery Unit.

Diagnostics

- a) The Radiology and Imaging Department provides essential diagnostic services, offering MRI, CT scans, X-ray, ultrasound, and interventional radiology.
- b) Advanced laboratory facilities perform clinical chemistry, hematology, microbiology, and pathology testing.

Advanced medical procedures

The facility is equipped to perform advanced medical procedures, including:

Laparoscopic surgeries

- a) The hospital offers minimally invasive laparoscopic surgeries for various conditions, reducing patient recovery time and minimizing scarring.

Organ transplants

- a) Mulago Hospital has the capacity to conduct organ transplant procedures, including kidney transplants, providing a lifeline for patients with end-stage organ failure.

Therapeutic endoscopy

- a) The endoscopy unit performs therapeutic endoscopic procedures, enabling the diagnosis and treatment of gastrointestinal conditions without invasive surgery.

Infection control and sanitation practices

Mulago Hospital places a high emphasis on infection control and sanitation practices to ensure the safety and well-being of patients, staff, and visitors. Key measures include:

- a) Sterilization protocols: The hospital employs strict sterilization protocols for surgical instruments and medical equipment to prevent infections.
- b) Hand hygiene: Encourages hand washing and the use of hand sanitizers throughout the hospital.
- c) Isolation units: There are isolation units to manage contagious diseases and prevent their spread within the hospital.

Waste management

There are 5 certified firms in Uganda that collect wastes from the hospitals for incineration.

Lessons learnt from MNRH

The Committee learnt the following lessons from MNRH;

1. THAT the facility has a well-defined decision-making structure, which ensures that decisions are made in a timely and efficient manner.
2. THAT the hospital has invested heavily in advanced medical equipment and specialized units, which enables it to offer a wide range of specialized medical services.
3. THAT the hospital places a high emphasis on infection control and sanitation practices to ensure the safety and well-being of patients, staff, and visitors.
4. THAT the fact that the hospital has 10 large washing machines and one large industrial iron machine is a good indication of the importance the facility places on cleanliness and hygiene.

Hon Speaker, it is sad to say that when the Committee carried out surveillance exercise in our facilities, we established that a good number of these facilities do not have washing machine and rely on casual workers to do hand laundry, which is extremely unhygienic.

Best Practices

1. Specialized units: Establishing specialized units within healthcare departments is beneficial for offering advanced and specialized care.
2. Medical equipment and facilities: Kisumu County can learn from Mulago Hospital's investment in state-of-the-art medical equipment and facilities. Adequate diagnostic and

treatment equipment, as well as modern operating theaters, are crucial for providing high-quality care.

3. Teaching and research: Training healthcare professionals and conducting research are vital components of healthcare improvement.
4. Emergency care: Ensure the availability of well-equipped emergency departments with trained staff to provide immediate care to patients with life-threatening conditions. Quick access to emergency care is crucial in saving lives.
5. Mental health services: Exemplary mental health services, which is often an underserved area in healthcare. Mental health services should be integrated into the healthcare system.
6. Infection control: Implement rigorous infection control practices to prevent hospital-acquired infections. Proper sterilization of instruments and hand hygiene are crucial for patient safety.
7. Waste management: Proper waste management practices, including segregation and disposal of biomedical waste, are essential to maintain a safe and clean healthcare environment.
8. Energy efficiency and sustainability: Implementing energy-efficient practices and exploring sustainability initiatives reduce hospital's environmental impact. This includes using renewable energy sources and eco-friendly building designs.

Hon Speaker, in 2021, the department brought to this assembly a budget, in which one of these facilities included an allocation for purchase of a laundry machine, which the Committee then vehemently refuted. This exercise has opened our eyes to what a great disservice the facility was dealt (see annexed).

The Uganda Cancer Institute (UCI) – Fred Hutch Cancer Centre

Overview of UCI

Mr. Speaker and Hon Members, the Uganda Cancer Institute (UCI) is an agency that spearheads cancer control program in Uganda. It is a leading cancer treatment and research center located in Kampala, Uganda. Was established in 1967 as an institute for experimenting, which brought together various parties including Makerere University. UCI has been at the forefront of providing comprehensive cancer care and conducting groundbreaking cancer research in Uganda and the East African region.

Mandates

UCI has three major mandates;

1. Coordinate policy development
2. Coordinate cancer care, research and training.
3. Coordinate prevention, control and effectively management of cancer.

Services

UCI offers a wide range of cancer services, including;

1. prevention,
2. screening,
3. diagnosis, treatment,
4. palliative care.
5. The institute also has a strong research program, focused on developing new and innovative ways to prevent, diagnose, and treat cancer.

Budgeting

Unlike MNRH budget which is under the ministry of health, UCI enjoys budget autonomy as its budget is different from that of the ministry.

Milestones

Currently, the Institute developed an MOU under the East African Center of Excellence for the construction of the Oncology center, whose construction is underway (see annexed).

UCI approach to Cancer Care

UCI adopts a holistic approach to cancer care, focusing on the physical, emotional, and social well-being of each patient. UCI's team of experienced and compassionate doctors, nurses, and other healthcare professionals work together to provide patients with the best possible care, emphasizing the following key aspects:

- a) **Multidisciplinary Care:** employed a team of specialized oncologists, surgeons, radiologists, nurses, and support staff who collaborate to create personalized treatment plans for each patient.
- b) **Early Detection:** promotes early cancer detection through screening programs and awareness campaigns to identify cancer at its earliest stages when treatment outcomes are most favorable.
- c) **Treatment Modalities:** The institute offers a wide range of treatment modalities, including surgery, chemotherapy, radiation therapy, and targeted therapies.
- d) **Palliative Care:** provides palliative care to enhance the quality of life for patients facing advanced-stage cancer.

Design and infrastructure requirements for specialized treatment and diagnostics

UCI's infrastructure is designed to meet the specific needs of cancer diagnosis and treatment. It boasts a modern facility with state-of-the-art equipment for cancer treatment and diagnosis.

Some of the key design and infrastructure requirements for specialized cancer treatment and diagnostics include;

- a) Radiation Therapy: state-of-the-art radiation therapy equipment, including linear accelerators, to deliver precise radiation treatments. Specialized rooms are designed with lead shielding and safety measures to protect both patients and staff.
- b) Diagnostic Imaging: modern imaging facilities, including CT scanners, MRI machines, Linear Accelerator (LINAC) machine and PET/CT scanners for accurate cancer diagnosis and staging.
- c) Surgical Suites: equipped with advanced surgical suites for cancer surgeries, with integrated technology to support minimally invasive procedures.
- d) Inpatient and Outpatient Facilities: The institute has dedicated inpatient wards and outpatient clinics to provide a continuum of care to cancer patients.

Cancer research initiatives and collaborative research infrastructure

Overview of cancer research initiatives

UCI is actively involved in cancer research initiatives, focusing on improving treatment outcomes and understanding the unique cancer patterns in Uganda and the region. This includes:

- Clinical Trials: it conducts clinical trials to evaluate the efficacy of novel cancer therapies and treatments, ensuring patients have access to cutting-edge care.
- Collaboration with international organizations: collaborates with international cancer research organizations and institutions to share knowledge, resources, and best practices.

Infrastructure

Requirements for research labs, data management, and collaborative spaces

UCI has a strong research program focused on developing new and innovative ways to prevent, diagnose, and treat cancer. The institute's research program is supported by a team of experienced researchers and a network of collaborators around the world.

Some of the key infrastructure requirements for cancer research include:

- a) Well-equipped research laboratories
- b) Access to advanced research equipment and technologies
- c) Collaborative spaces for researchers to work together
- d) A supportive environment for innovation and creativity

In addition, to support cancer research, the institute has:

- a) Research Laboratories: equipped with well-equipped research laboratories for basic and translational research, allowing scientists to conduct experiments and analysis.

- b) Data Management: a robust data management infrastructure to store and analyze patient data, research findings, and clinical trial data securely.
- c) Collaborative Spaces: dedicated spaces for researchers and clinicians to collaborate, exchange ideas, and work on joint projects.

Quality control and radiation safety infrastructure

The Institute has a robust quality control and radiation safety infrastructure in place to ensure the safety and well-being of patients and staff. The institute's quality control program includes regular inspections and maintenance of all equipment, as well as training for staff on best practices.

Such radiation safety infrastructure includes:

- a) Well-designed radiation therapy rooms with adequate shielding
- b) Regular safety drills and training for staff
- c) A comprehensive radiation safety plan

Evaluating the infrastructure for radiation therapy

A strong emphasis has been placed on radiation safety and quality control through;

- a) Radiation therapy rooms: designed to minimize radiation exposure to surrounding areas and ensure precision during treatment delivery.
- b) Safety measures: The institute strictly adheres to international safety standards for radiation therapy, with regular safety audits and quality control checks.

Importance of infrastructure in ensuring patient and staff safety during radiation treatments

Proper infrastructure and safety measures are essential to protect the health and safety of both patients and staff during radiation therapy. UCI's commitment to quality infrastructure ensures that radiation treatments are delivered with precision, minimizing risks and side effects by;

1. Investing in adequate infrastructure to ensure the safety of patients and staff during radiation treatments. Radiation therapy machines are powerful devices that can emit harmful radiation if not properly used.
2. Radiation therapy rooms that are designed to minimize the risk of radiation exposure to patients and staff. The rooms are well-shielded to protect staff and the surrounding environment from radiation.
3. Having staff who are highly trained in radiation safety procedures. The staff regularly undergo safety drills and training to ensure that they are able to safely operate and maintain radiation therapy machines

Patient-centered infrastructure

As a comprehensive cancer center, UCI is dedicated to providing holistic care to cancer patients, including infrastructure and support services that focus on the well-being of the patients. These include;

1. Patient care and support services: the facility offers a range of services to support cancer patients, including counseling, survivorship programs, and psychosocial support. The infrastructure supporting these services includes dedicated counseling rooms, support group meeting spaces, and facilities for physical and occupational therapy. The counseling services help patients and their families cope with the emotional and psychological aspects of cancer diagnosis and treatment. Survivorship programs focus on helping patients transition to life after cancer treatment, emphasizing healthy living and psychological support.
2. Design of patient-friendly spaces: significant emphasis has been placed on designing patient-friendly spaces. The layout and design of the center prioritize the comfort and well-being of patients. Waiting areas are designed to be comfortable and calming, with natural light and green spaces to create a healing environment. The treatment rooms are equipped with advanced medical technology while maintaining a soothing ambiance.
3. Psychosocial support: the infrastructure includes areas for psychosocial support, such as therapy rooms, meditation spaces, and recreational areas. These spaces are vital for the emotional well-being of patients and their families.

Infrastructure for outreach and remote services

UCI recognizes the importance of reaching underserved populations and providing cancer care to remote areas through outreach programs and mobile clinics. The institute has a number of outreach and remote services programs in place to reach patients in rural and underserved areas.

- a) Mobile Clinics: operates a fleet of mobile clinics that travel to rural areas to provide cancer screening and treatment services.
- b) Telemedicine: offers telemedicine services to patients in remote areas. This allows patients to consult with UCI specialists remotely, without having to travel to Kampala.

Mobile clinics and telemedicine infrastructure and its role in expanding access to cancer care

Mobile clinics and telemedicine play an important role in expanding access to cancer care in Uganda. By providing services in rural and underserved areas, these programs help to ensure that all Ugandans have access to quality cancer care.

Other findings

Mr. Speaker and Hon Members, during the guided tour at the facility, the Committee established as follows;

Pediatric cancer unit

1. Focuses on treatment of children (below 18 years) with cancer and non-cancerous diseases, blood problem and sickle cell.
2. There is a space for daycare and a separate space for those that need hospitalization.
3. Traffic is around 40-60 children per day for 5 working days.
4. Because of the big number, the days have been divided into tumor specific. Meaning specific cases are dealt with at specific days except in cases of emergency.
5. There are available to the unit a team of trainees doing fellowship on oncology, nursing team, medical officers and the supervisors.
6. All the drugs needed for the patients are available as the budget is centralized within the Uganda Cancer Institute, thus allowing them to directly arrange for their drugs directly with suppliers. They do not suffer from stock outs.
7. Services are free.

Radiation and oncology

1. This arm uses machines, equipment and drugs to treat cancer.
2. UCI has 4 highly specialized bunkers for purposes of radiation and oncology.
3. There are two machines here called Linear Accelerator (LINAC) that is specially designed for patients undergoing radiation.
4. The machine:
 - a) Is huge enough for the patient to go in and out in the required position. It displays images of particular areas of treatment, the images are electronically sent to medical physicists who use them images to draw a plan for whatever dose that is needed for that particular area. The information from the Plan room is subjected to deliberations by a team of doctors who sit down to critic the plan submitted so as to ascertain whether it is the best plan or not, and what needs to be adjusted.
 - b) Performs 3 functions; a cancer treatment machine, an X-ray machine and a CT-scan machine (You can do onboard imaging; x-rays, CT-scan).
 - c) Enable treatment of surface tumors, surface cancers to deeply seated cancers as it has different energies.
 - d) Has better outcome results in patients without side effects.

Challenges

Despite its many strengths, UCI faces one major challenge;

1. Lack of awareness and myths that make people shy away from seeking early medication. For example, out of 34,000 cancer cases reported in Uganda, UCI only receives 20% out of which 10% are children

Lessons learned

Purchase and maintenance of machines

The team at UCI recommended the following for maintenance of such machines;

1. THAT experts with knowledge of what is required must be present during specification process prior to purchasing of these machines.
2. THAT maintenance should be included as part of the clauses when buying as the cost of their maintenance is quite high (between 200,000 to 500 000 US dollars per year). UCI included a ten-year maintenance plan at the time of buying the machines.
3. THAT negotiation is very important and should be done at the beginning with utmost keenness as it is where the service and maintenance clause can be factored in, in the contract.

Construction of the bunkers

The Committee established that when constructing a bunker, the following factors are to be considered;

1. THAT upfront planning for the type of machine to put in a particular bunker is extremely important because after construction, it may not be possible to bring in a machine which cannot be accommodated in a particular bunker. For example, you cannot build a bunker aimed at accommodating a 15MV machine and then purchase a 20MV machine and expect it to fit because it will not.
2. THAT it is recommended to build huge bunkers which can accommodate the highest MV machine such that it can still house a lower MV machine. During their construction, UCI planned for 50 years and built their bunkers to accommodate any updates as far as technology is concerned.
3. THAT when building the structure for bunkers, it is advisable to ensure pouring of concrete is done in one swim. Any break would lead to cracks in the structure, which will lead to decline of clearance certification from the International Atomic Energy Agency. In the case of UCI concrete was poured for 48 hours non-stop, the walls have a thickness of 2.5 meters of concrete.

Key lessons UCI has learned through its experience in cancer care infrastructure planning

The following are key lessons that the Institute has learned through its experience in cancer care infrastructure planning:

- a) Flexibility: Being adaptable and open to changes in the healthcare landscape is crucial. They have built their health infrastructures envisioning new technologies and evolving treatment protocols.
- b) Community engagement: Involving local communities in the planning and execution of outreach programs which has enhanced their effectiveness and sustainability.
- c) Partnerships: Collaborating with international organizations, NGOs, and academic institutions has provided access to expertise and resources for infrastructure development.
- d) Research and innovation: Staying at the forefront of cancer care requires investing in research infrastructure and fostering innovation in treatment and diagnostics.

4.1. Action plan for collaboration between JOOTRH and UCI

Since the County Government of Kisumu is in the process of constructing a cancer center at JOOTRH, the following elements were deliberated to and agreed to form baseline for collaboration between the UCI and JOOTRH cancer center.

- a) Infrastructural development.
- b) Information sharing.
- c) Capacity building.
- d) Research collaboration.
- e) Outreach and remote services.

Best practices for emulation

In its strife to establish a cancer center at JOOTRH, the County Government can emulate the following best practices;

1. Comprehensive care model: Kisumu County should adopt a comprehensive care model like UCI, which includes not only treatment but also screening, early detection, prevention, and survivorship programs. This approach ensures holistic cancer care.
2. Community engagement: Engaging the local community is crucial. UCI's outreach programs are successful because they involve the community in cancer awareness and screening efforts. Kisumu County should similarly involve community leaders, organizations, and local healthcare providers in their initiatives.
3. Infrastructure planning: Learning from UCI, Kisumu County should prioritize the design and layout of the cancer center to create patient-friendly spaces, including comfortable waiting areas, counseling rooms, and support group spaces. Consideration should also be given to well-lit and soothing treatment areas.

4. Telemedicine and mobile clinics: Considering the geographical challenges, Kisumu County can implement telemedicine infrastructure and mobile clinics to bring cancer care closer to remote areas. UCI's success in this area can serve as a blueprint.
5. Partnerships: UCI collaborates with international organizations and academic institutions to access resources and expertise. Kisumu County should explore partnerships with local and international healthcare providers, NGOs, and research institutions to strengthen their cancer center's capabilities.
6. Training and capacity building: Invest in training and capacity building for healthcare professionals to address the shortage of skilled personnel. UCI's approach to continuous training and professional development is a valuable lesson.
7. Research and innovation: Encourage research and innovation within the cancer center. Supporting local research initiatives and clinical trials can help advance cancer care and improve treatment outcomes.

RECOMMENDATIONS

Mr. Speaker and Hon Members, in order to identify the most effective strategies to improve healthcare outcomes for the citizens of Kisumu County and the surrounding region, the Committee makes a two-part recommendation.

The first part involves recommendations emanating from its experience and lessons from the Mulago National Referral Hospital, a leading medical facility in Uganda. The Committee has carefully assessed the expertise and insights offered by Mulago's medical professionals and made recommendations for their applicability to suit the needs of Kisumu County.

The second part of the recommendations focuses on the experiences and lessons at the Uganda Cancer Institute, a specialized center dedicated to cancer treatment and research. The Committee has proposed recommendations to be implemented to enhance cancer care services within Kisumu County.

Recommendations from lessons learnt at MNRH

Following its activities at the MNRH, the Committee thus recommends;

1. THAT County should increase budget allocation for medications and have stringent agreements for timely supply of drugs in order to improve the availability of essential medications in its healthcare facilities.
2. THAT the County government should increase government funding for healthcare to enable it improve the availability of healthcare services, renovate/rebuild existing facilities, train healthcare professionals, upgrade its medical equipment, including

diagnostic tools, surgical instruments, and advanced treatment facilities. This will enhance the quality of care provided.

3. THAT the county should invest in emergency care enhancement to ensure the availability of well-equipped emergency departments with trained staff for prompt response to critical medical cases.
4. THAT mental health services be integrated into the healthcare system thus ensuring access to psychiatric care and counseling for mental health patients. Currently Kisumu only has mental care services at KCRH whose state is more than meets the eye.
5. THAT the department of Medical Services, public Health and Sanitation strive to engage the local community, community leaders, and healthcare providers in the planning and development of healthcare services. Local input is essential for understanding community healthcare needs.
6. THAT the department of medical services should invest more on the hygiene of the facilities. A clean and hygienic healthcare environment is essential for preventing infections and ensuring the safety of patients, staff, and visitors.

Recommendations from UCI

Hon Speaker, since the County is establishing a cancer center at JOOTR and in line with the earlier mentioned baseline for collaboration the committee therefore recommends as follows to the County Government and specially department of Medical Services, Public Health and Sanitation (MSPH&S);

1. THAT the CECM responsible for MSPH&S should carry out a thorough research on the quality and take into consideration all factors to consider as detailed in, and beyond this report in the ongoing construction cancer center at JOOTRH.
2. THAT the CECM responsible for MSPH&S should consider reaching out to UCI and other leading cancer centers on infrastructural development, sharing expertise and resources to improve the facility under construction and its expected services.
3. THAT the department of MSPH&S should establish a secure platform for information sharing between the two institutions, ensuring that the latest research, treatment protocols, and patient data are accessible to both.
4. THAT prior to operationalization of the cancer center at JOOTRH, the department of MSPH&S should invest in training and education for healthcare professionals in Kisumu

County on cancer diagnosis and treatment. This will ensure that patients have access to high-quality cancer care at all levels of the healthcare system.

5. THAT the department of Medical Services, Public Health and Sanitation should consult closely with UCI and other leading cancer centers, develop a comprehensive cancer research program and cancer control plan that addresses all aspects of cancer prevention, diagnosis, treatment, and palliation. This plan should be submitted to this house within 12 months of adoption of this report.
6. THAT the department of Medical Services, Public Health and Sanitation and the County should partner with international cancer research organizations to share knowledge and resources, and to conduct joint research studies aimed at advancing cancer research and improve treatment outcomes in Kisumu County.
7. THAT the department of Medical Services, Public Health and Sanitation should develop, and submit to this Honourable House within 90 days of adoption of this report, a sustainable funding model for the underway cancer center at JOOTRH that will ensure all patients have access to affordable and high-quality cancer care, regardless of their financial status.
8. THAT the County should put in place a multidisciplinary team of healthcare professionals, promoting early cancer detection, offering a wide range of treatment modalities, and providing palliative care.

CONCLUSION

Mr. Speaker and Hon Members, such spaces, as knowledge exchange programs, offer strategic opportunity to learn from the best. By examining a successful organization's structure, practices, and achievements, participants are able to gain valuable insights into efficient decision-making, advanced medical techniques, and the importance of well-equipped facilities and specialized units.

Adaptation of these best practices can potentially lead to improved service quality, streamlined processes, cost savings, and even innovation in healthcare delivery.

The Committee believes that the knowledge it gained from MNRH provides valuable insights for improving Kisumu County's healthcare system. Implementing the recommended best practices will enhance service quality, accessibility, and overall patient care.

It is now my pleasure on behalf of the committee, to present this motion:

THAT this House adopts a report of Medical Services, Public Health and Sanitation Committee on the knowledge exchange between the Committee, Mulago National Referral Hospital and Uganda Cancer Institute.

Mr. Speaker, I want to call upon Hon. Nereah Okombo to second the report.

The Speaker (Hon. Oraro): Yes Hon. Okombo.

Hon. Okombo (MCA, Manyatta “B”): Mr. Speaker was that the Hospital offered almost all the prescribed drugs to the patients. When we did an inquiry, we found out that Mulago National Referral Hospital does not have a KEMSA version that we have here in Kenya that the hospital deals directly with the manufacturers of the drugs. So it gives very little rooms for bureaucracies by suppliers and makes even the prices of the medicines very reasonable. Mr. Speaker, for this, we noticed that some genetically conditions that are very expensive to manage back here at home like sickle cell disease and even the medication that are wearing parents with the sicklers down, in Uganda Mulago National Referral Hospital, it is a matter of just walking to the hospital and picking the prescribed medication. This has even made the hospital very popular even with the neighbours because Mulago does not give barriers in regards to treating the citizens of Uganda and the neighbours, maybe from Congo and Kenya. Once you cross the border to Uganda, you will get the same treatment as a citizen of Uganda.

Mr. Speaker, it was a good experience and is worth emulating. Therefore, I want to urge this Honourable House to adopt this report and on the sentiments of the Vice Chairperson, Mr. Speaker it is really worth noting that even the department of Health be taken for a visit to the same facility to see how they manage to offer; curative, palliative and other preventive health services to their people with so much ease. Mr. Speaker, with those many remarks, I beg to second.

The Speaker (Hon. Oraro): Honourable Members, now that the Standing Committee of Health has moved a motion for the adoption of the report on Medical Services, Public Health and Sanitation Committee Report on the Knowledge Exchange Exercise Between the Committee, Mulago National Referral Hospital and Uganda Cancer Institute (UCI) which has been moved by the Honourable Vice Chairperson of the Committee and seconded. I therefore want to propose a question and I propose that the motion is open for debate.

The Speaker (Hon. Oraro): Hon. Seth Okumu.

Hon. Okumu (MCA, East Seme): Thank you so much Hon. Speaker being a member of this House Committee and having gone for the exchange visit, I want to support adoption of this report. Hon. Speaker, they say that sometimes when you do not travel, you might think that your mother is the best cook. Having gone for this exchange visit, it was an eye opener specifically for some of us who sit on the Budget and Appropriations Committee. I remember during the Second Assembly as we were trying to appropriate money for the Cancer Center. We could not

really understand because at the time of appropriating, you do not really get to know what it entails to build a cancer center. On this visit, I could clearly see that that cancer center really needed a lot of money. The explanation is that the walls of the cancers center are almost four meters wide and they have to be done continuously without a stop. That requires a lot of money, expertise and with a lot of approvals that stills requires money.

Mr. Speaker, I also remember when JOOTRH was trying to construct a modern kitchen and we were debating on the essence of having medicines vis-a-vis having a modern kitchen. Hon. Speaker, on this trip, I was made to understand that both are equally important. Patients who are well fed with nutritious meals and clean recover faster minimizing the expenditure.

In addition. I also remember when Dr. Okoth was trying to convince members of Medical Services, Public Health and Sanitation Committee on why they needed a Laundry Machines for JOOTRH. That could also help the nearby facilities. By then, I was not convinced but, this trip made become convinced that it is necessary to have a well-functioning laundry department to avoid Nosocomial infections and other infections that can be caused by laundries used in the hospitals that are not well cleaned.

So, first, I want to really support the need for exchange visit. I remember during primary schooling, we used to go to other primary schools to see what they are doing and learn best practices. Hon. Speaker, sometimes the public feel that it is a waste of resources, but I want to state today that those exchange visits are really important and are an eye opener that can save a lot of money by learning from other people's experiences. We do not need to learn from our own. There are so many experiences that people have gone through that we can learn from and borrow a leaf from the best practices and continue with the good that they are doing. I therefore rise to support this report that it be adopted and we implement the recommendations on the report. But, I also urge the County Assembly of Kisumu that when it is necessary, please take different House Committees to different exchange programmes. Visits that can add value to what they are doing and service provision to the people of Kisumu County. Hon. Speaker, I support.

The Speaker (Hon. Oraro): Hon. Mildred.

Hon. Ajumbo (MCA, Central Seme): Thank you Mr. Speaker. Can you hear me?

The Speaker (Hon. Oraro): You are audible enough please proceed.

Hon. Ajumbo (MCA, Central Seme): Okay, from where I am talking, I cannot hear myself. Thank you Mr. Speaker, I rise to support the report of the Medical Services, Public Health and Sanitation Committee. That is a well-documented report and I can see this House Committee is now exposed. Many of us lack exposure in our Sectoral Committees. It is very important to have such a trip and to benchmark with an advanced team that is a head of us. I remember when the Infrastructure, Energy and Public Works Committee went to Kakamega County, yes they are very much ahead of us. And when they brought the report here it was such an elaborate one.

Now this is the second one from the Medical Services, Public Health and Sanitation Committee. This shows that now we have two House Committees that are having an exposure tour and for this one is an international one.

Mr. Speaker, you can see a lot of things are happening in Mulago National Referral Hospital. I first heard of this hospital when I was watching the movie of the Rise and Fall of Idi Amin Dada. I believe that many of you that have watched that movie could have seen that hospital. Those days when you were watching the movie. When I looked at it, it is one hospital which has very advanced departments like that one of Cancer and many others. You can look at the house keeping which is equally so advanced. Many times, when a House Committees go out, I would have wished that we go out accompanied with the County Executive. On this case, the department in charge of health. If they could have carried a team from the County Executive Department the County Executive Committee Member, the Chief Officer and their Directors. That is because when it comes to budgeting, Mr. Speaker when they bring their budget for the Financial Year, it would be in order when they request that they want to buy a machine. Now, coming from an international exposure, it would be so easy to convince Members. I would therefore wish that the remaining eight House Committees would also go for such an international visits so that they get more exposed. That one would help these House Committees going forward. Thank you Mr. Speaker and I support the committee report.

The Speaker (Hon. Oraro): Hon. Ratib.

Hon. Boitone (MCA, Nyalenda “A”): Thank you Mr. Speaker I want to start from the tail end. The exchange exercise that is being mentioned here is very important. We get a lot of insights and information that if the recommendations are implemented in our County then, it is my belief that service delivery in this County would be enhanced.

Mr. Speaker, one thing that sometimes perturbs me is that very good reports come to the Assembly just like this one which has been read on the floor of this House today. But, sometimes, the implementation status of these reports hits a snag. I hope, as a member of the Implementation Committee and I can see my chairperson is also here. These recommendations if followed to the letter, we are going to have the best service delivery to the people of Kisumu County.

Mr. Speaker, I want to compare the Mulago Hospital report that has been read here with what we have here in Kisumu. It is a pathetic situation. If you look at our health centers in Kisumu and compare it with the exercise that this team has brought, there is a very big disparity.

Mr. Speaker and Honourable Members, we have to agree that health plays a very important role in our society. We realize that our health centers patients hardly get the best services. The only service that they get from our health centers is called, consultation services. Other services are rarely found in our hospitals. That is why people have resorted to purchase over the counter drugs. Whereby patients decide to visit pharmacies and buy drugs without getting proper

diagnosis. This is a pathetic situation that the department should look into and see how we can provide drugs and other services in our health centers. This is very evident and we can see why private hospitals are doing better and are making a kill. Making big businesses at the expense of other people's lives.

Mr. Speaker, another issue that I also wanted to mention is that when we look at our budget, it is always mentioned that the health generates a lot of own source revenue as compared to any other departments in this County. What does it mean? Sincerely speaking, it means that this County taxes the dead and the sick more than the healthy and the living. This is a situation that should not continue in this County. We are proud that the health sector is giving the highest own source revenue as compared to some other departments. Mr. Speaker, this should be looked into.

Mr. Speaker, the training exercises and research that are done in this hospital are also a blessing to that Country. I believe that we are also trying to do better but, we cannot be compared to Mulago National Referral Hospital. We also have our researchers and the training centers but, at the end of the day, the end result that is needed, service delivery, the health service care to the people is still not attained. They talked about robust mental health care which is important but, if you look at our county, little is given to mental issues.

Mr. Speaker, I support the recommendations and the report. I also believe that going forward, the Select Committee on Implementation will take note and we become a County that does not tax the sick and the dead more than the dead and the living.

The Speaker (Hon. Oraro): Hon. Henrietta.

Hon. Bodo (Nominated Member): Thank you Mr. Speaker. Before I give my comments on Hon. Emily Oginga's report concerning the Standing Committee of Medical Services, Public Health and Sanitation. Let me just answer or give a comment on what *Mheshimiwa* Boitone said. I believe that not everything else is implemented. I believe there are parts of the implementation that has been done in this County. Mr. Speaker, we had a "*Beyond Zero Campaign*" which was done by former First Lady Mrs. Margaret Kenyatta. Where are the mobile clinics? Were they not implemented? Where are they today? They are lying in parking lots. So, there are areas in this Country that if we do not look at the carefully; we can implement as a House Committee, but, if we do not do a follow up, as a legislative arm of the government, then everything is still going to fail. It is my considered opinion that this is a matter of integrity. If we do not consider that as part of the implementation because we will just implement and leave it there. So, who is supposed to take it from there?

I have just given one example of "*Beyond Zero Campaign*" Mobile Clinics. If we have them, are they working? They are not. So, spare me sometimes, I will give you, I will give you, no Members...

(Hon. Okumu rises on his feet)

Hon. Okumu (MCA, East Seme): On a point of order Hon. Speaker.

The Speaker (Hon. Oraro): What is your point of Order?

Hon. Bodo (Nominated Member): You always talk about implementation. No one stands...

The Speaker (Hon. Oraro): Order Hon. Henrietta!

Hon. Bodo (Nominated Member): Mr. Speaker, let me just enlighten these Honourable Members.

The Speaker (Hon. Oraro): There is a Member on a point of Order Hon. Henrietta.

Hon. Okumu (MCA, East Seme): Hon. Speaker, the Member on the floor Hon. Henrietta is the Chairperson of the Implementation Committee. This House Committee that she chairs looks into the implementation of the resolutions that we have been passed in this House. The Member is informing this House that some of our resolutions are like Beyond Zero Campaign Mobile Clinics that is not implementable. So, that is what we want her to do. To follow up on our resolutions and bring report back to this House that whatever we resolve could not be implemented by giving us reasons. Hon. Chair, I believe that it is not right for the Member to continue by saying that she cannot follow up yet she is the Chairperson of the Implementation Committee. Thank you Hon. Speaker.

The Speaker (Hon. Oraro): Hon. Henrietta.

Hon. Bodo (Nominated Member): Mr. Speaker Sir that was just an example. That even though; of course I am going to implement some of these things. You are not going to find it easy because I am going to do it. You and the CECs of this County Government of Kisumu are not going to find it easy. Because, I am going to do it...

(Hon. Okombo rises on her feet)

Hon. Okombo (MCA, Manyatta "B"): On a point of order Mr. Speaker.

Hon. Bodo (Nominated Member): Mr. Speaker, just give me time to contribute...

Hon. Okombo (MCA, Manyatta "B"): On a point of order Mr. Speaker.

The Speaker (Hon. Oraro): What is the point of Order?

Hon. Okombo (MCA, Manyatta "B"): Mr. Speaker, I am just seeking clarification on statements of facts. That I just want to know elaborately from the Member on the floor what she means by she is going to implement and we are going to see? That you and the County Executive. So, Mr. Speaker, who is 'you' in this case? Thank you.

The Speaker (Hon. Oraro): Hon. Henrietta.

Hon. Bodo (Nominated Member): Mr. Speaker, the reason why I am talking like this is because none of these Honourable Members stands up without talking about implementation.

(Several Hon. Members rise on their feet)

Hon. Onyango (MCA, Railways): On a point of information.

The Speaker (Hon. Oraro): Hon. Sammy, whom do you want to inform?

Hon. Onyango (MCA, Railways): Mr. Speaker, I would like to inform the member on the floor.

The Speaker (Hon. Oraro): Hon. Henrietta, do you want to be informed by Hon. Sammy?

(Hon. Henrietta speaks off the microphone)

The Speaker (Hon. Oraro): Hon. Sammy please resume your seat.

The Speaker (Hon. Oraro): Hon. Henrietta, please proceed.

Hon. Bodo (Nominated Member): Mr. Speaker and Honourable Members of this County Assembly I am informing you that this implementation issue, we are going to deal with it. Let us be calm because I cannot do all of them know. I know I have a lot of work. But, please hear me out, we are going to do it to the letter. Mr. Speaker, thank you very much for the training that you took us to. It has really opened my eyes. I believe that before then, I did not know what to do. I was lost somewhere and I was like; how am, I going to do all these. But, because you told us that we need to go for these training that we would come back a better person, I believe I have come back from the capacity building a better person. I am therefore going to implement these things to the letter. So I do not want ...

Hon. Onyango (MCA, Railways): On a point of information Hon. Speaker.

The Speaker (Hon. Oraro): Hon. Sammy, whom do you want to inform?

Hon. Onyango (MCA, Railways): Mr. Speaker, I want to inform the House.

(Laughter)

The Speaker (Hon. Oraro): What is it?

Hon. Onyango (MCA, Railways Ward): Thank you Mr. Speaker, I want to inform this House that the work of the Select Committee on Implementation is to do a follow up not to implement. The implementation function belongs to the County Executive. However, I know that the Member is still on a learning curve.

Laughter

The Speaker (Hon. Oraro): Hon. Henrietta.

Hon. Bodo (Nominated): *Laughs.* Mr. Speaker, then we need to erase that word implementation then we insert what Hon. Sammy has just said. Yes, we need to call it a follow up committee.

(Laughter)

Mr. Speaker, I was just informing my friend Hon. Boitone and I believe that I am done with my information. So, I want to congratulate the Standing Committee of Medical Services, Public Health and Sanitation. One of the issues that has really touched my heart is that health is actually one of the serious business in this Country. Even if we try to implement these things – I have just given an example of “*Beyond Zero*” Campaign Mobile Clinics. They are lying idle. In Mulago National Referral Hospital, they also have such. They also have Waste Management. I do not believe that we cannot do these things in Kenya and it is equally my belief that some of them have been done. The ones that we have done, are they still in the state at which they are supposed to be or not? So, sometimes we implement then, what happens after that?

Therefore, I do not believe that Uganda is better than Kenya. Again, I do not believe so. However, I believe that there is something that is within us that cannot allow us to do things the way they are supposed to be done. Nevertheless; we can do Waste Management and the Laundry Services. We can even do Cancer Treatment Center at JOOTRH. It is a very good hospital. But, do you believe that we cannot do those things in that hospital? It is a Teaching and Referral Hospital. So, what is there that the Deputy Chairperson of this House Committee has read that we cannot do as a Country? We can do them as a Country. It is only that we lack integrity. Therefore, we have to look at ways and means of inculcating that within us so that when we want to do something, we do them and when we do not want to do them, we do not even talk about them, thank you Mr. Speaker.

The Speaker (Hon. Oraro): Hon. Kennedy Ouko.

Hon. Ouko (MCA, West Kisumu): Thank you Mr. Speaker for giving me the opportunity to express concern on the report by the Standing Committee of Medical Services, Public Health and Sanitation. Mr. Speaker, it is important that we do a comparative analysis between Mulago and with JOOTRH Hospitals. What actually perturbed me is the situation which happened in Uganda. Uganda for quite a long time was in Civil War while Kenya was developing. How comes; now we can benchmark with Uganda. It means therefore that there must be something which did not go on well with us. We have to change the attitude, it is very important that when we change the attitude of our workers and even the citizens themselves, we will have to move, if we don't do that, if we have the best facilities, the best hospitals or doctors we will not move and that is the first thing we should do.

I did not hear about corruption which is so rampant in Kenya .I did not hear what they talked about when they were in Kampala. I wanted to hear if there is corruption there but at times, we must have to blame ourselves. There is what we call Regulations on the Facility Improvement Funds (FIF) which we as a County have put in place, it has some bottleneck because, it is

preventing the hospital from buying directly from the pharmaceutical companies. You have to send back money to the department, they order for you the drugs and whether they order enough drugs or not. That should not be your concern because then you are seniors.

Mr. Speaker, I believe that within the Facility Improvement Fund Regulation, this should be improved so that they can procure pharmaceutical and non-pharmaceutical commodities directly under supervision from the pharmaceutical companies.

Mr. Speaker, there's also what we call continuous training. It is done so nicely in Uganda and it seems that within their system it is mandatory requirement. But, in Kenya you have to request for that. One of the reasons why you cannot be given an opportunity to go and study out of the country, maybe lack of doctors, but we can't say that Uganda has trained more doctors than Kenya because by the time we were developing they were fighting. I expect we had a lot of doctors in Kenya than Uganda but the only problem is ten issues to do "brain drain" where our doctors are seeking for greener pastures outside the country because of unfavorable working conditions as compared to Uganda. These are some of the issues that are beyond our control, but what we can do, we should do.

Mr. Speaker, we also have a mentality that there is a lot of problems in public hospitals. I believe that in public hospitals, many people now fear going to these facilities because of the mentality developed according to the services they are giving the citizen. If we can change that mentality, we will promote our hospitals unlike Uganda, where Ugandans are being helped and even if you come from Kenya, you can be treated in the same way that Ugandans are being treated, but go to Kenyatta hospital. I was in the Medical Committee, from what I have just heard, the way the Vice Chair was expressing the attitude of Ugandans and the service delivery, it is different from how Kenyatta hospitals is providing their services.

Mr. Speaker, we are lagging behind because of some issues which we can be sorted out within ourselves and what worries me most Mr. Speaker, is implementation of all this report. We can be generating very good reports but if they're not implemented, it is like a man sending somebody away like a flower girl. We will be doing nothing. So, we have to stand our ground and it is good that now the Chairperson of the Select Committee on Implementation has accepted that she's going to deliver. I applaud her for that but let it not just be a matter of talking in the House. We need that kind of an implementers committee to follow up on all our projects because we will not be implementing them. Surely, it is the County Executive to implement and it is you now to send and see that what we have passed here is implemented. Thank you Mr. Speaker. We applaud the committee. I support the report.

The Speaker (Hon. Oraro): Hon. Benny Oiko Pete.

Hon. Oiko (MCA, Kabonyo Kanyagwal): Mr. Speaker, a House Committee of Kenyan County Assembly went to Uganda for benchmarking and in their report, they are full of praise of medical services in Uganda giving the picture that the one in Kenya is not so impressive. Mr. Speaker, that is the reality on the ground yet we know what hails our medical services, we cannot hide.

Mr. Speaker, the problem we have in Kenya is the mindset. In Kenya when you are a medical doctor, when you are in the medical field, the mindset is you must become a billionaire. I've seen Cancer Centre at JOOTRH being used here as a comparison. If this House is asked to give evidence or facts on the construction of cancer center in Kisumu, what will they give? Totally nothing Mr. Speaker, and that is the truth. When was it started? What amount has it consumed, when will it be finished and what is the balance to be consumed? We don't know all those.

Mr. Speaker, it is good to go for benchmarking to be an eye opener to us but when we come back let us see the reality. It is true that Uganda was much better than Kenya in the 50s and in the 60s and in the time of independence, and this is because they were much organized than us but they had political upheavals which Kenya has not faced. Mr. Speaker but, when you look at the infrastructural developed in Kenya, we are far behind.

Mr. Speaker, on medical services that we are talking about today in Kenya, we know there are no drugs in our hospitals and because we are people who don't face reality when we get a report of this type, what we rush is that it be implemented by the Select Committee on Implement.. What do we expect the Implementation Committee to do when the House Sectoral Committees are not doing its part? Mr. Speaker, the implementation committees is only to go and ensure that the resolutions were implemented, but that comes too late when the damage is already done. Let the Sectoral Committees take their role seriously then we shall help our people.

Mr. Speaker, another issue in Kenya is budgeting which is also being talked about here. Go to Uganda, when there is a project to be done on the billboard, you will see the name of the contractor, what is to be done, the total cost of the project and the time-frame. In Kenya, look at the projects, you will only see the name of the contractor and the last big thing they are found of writing is avoid HIV and AIDs. That is where we are in Kenya. It is good to benchmark but let us face the reality that we may look like a failed country when we don't do proper oversight.

Mr. Speaker, the recommendations made here, we were advised that when a report is being compiled, it should be numbered for easy reference. Like I wanted to make a reference to chapter five and I would have just said the page. When you look at the recommendations, formulas lands at Mulago National Referral Hospital number one is talking about the budget and others are also there. We know the health department takes the lion's share of the budget in this county but are things well organized? Last year and this year, when the officials were here from the health department they lamented that their money from the recurrent expenditure that is their O&M, they were now being forced to use part of it to pay their accrued Pending Bills and that is a on

record in this Assembly. That has disorganized the department and these are the major issues we should raise, why we are not performing Mr. Speaker.

Mr. Speaker, it is good to benchmark, but let us interrogate ourselves and see where we are with those few remarks Mr. Speaker, I contribute.

The Speaker (Hon. Oraro): It looks like there is no Member who wants to contribute; It is my considered opinion that let the mover reply.

Hon. Emily (Nominated MCA): Thank you Mr. Speaker. I'd like to appreciate the House for supporting this report. I'd like to reply, first to my colleague Hon. Pete. I don't know for how long we will be lamenting? There has to be a time for us to find solutions. I know you talked about the current status of health in Kenya. We cannot pretend that we are in a good position. We're not in a good position. We need to find a solution on how to improve service delivery or health service delivery for people. So through benchmarking, we're able to learn a lot from those who have done something better than us, you can't be perfect. At least learn something from someone at some point. So, I still support this benchmarking issue because it is through benchmarking that we are able to come back home and improve on what we have.

Mr. Speaker, I'd like to bring the House up to speed on our experience, know I just said a bit on it. When we arrived at Mulago National Hospital, we were welcomed, actually even the watchman at the gate. I believe that almost about half a kilometer away from the facility knew that we were coming and when we arrived there, the welcome was overwhelming which we haven't experienced anywhere else. You know, the Health Committee has benchmarked with Kenyatta National Hospital and when we also went to Mama Lucy Hospital where we brought the report back to this House but we never received any kind of welcome that we received from there.

Mr. Speaker, when I hear members talking about Uganda, not capable of doing better than Kenya I don't understand where they are coming from this is because we have to accept that we are not doing well. So, we need to improve. We were given a warm welcome and just like I have said we cannot actually express everything on the documents. The welcome was overwhelming and we can talk about the food. Actually we ate the patient's food which was really nice. I wish I took some photos, although I have some photos that I will be able to share with you if you want me to share.

Mr. Speaker, the other thing I'd like to talk about is just to emphasize, I actually experience treatment at Mulago National Hospital. I remember one night I had an attack and I had to rush for treatment there. Early in the morning at about 6 o'clock am. I remember I had the Deputy Director's number, Mr. Kabira and when I made that call in the morning so that I could be assisted, he was there personally. We found him at the facility. The service I got there, I cannot

actually compare it to anywhere else even Agha Khan hospital. So when you know that someone is doing something better than you are doing, then you have to appreciate that.

Mr. Speaker, another issue that one of my colleagues actually mentioned is the FIF which is the Facility Improvement Fund. From what I've learned so far from our field visits, I believe that the introduction of the FIF is a very good initiative. It's just that you know, whenever you start something new, there has to be a bit of hiccups that needs to be solved.

Mr. Speaker, the FIF was a very good initiative, and actually if given the right capacity, I know our facilities will actually be able to function well because as you just heard that the health department actually generates the highest own source revenue. If only that money was actually being recouped back into the department, then I'm sure that the department could be able to use that money well and offer better services on health.

Mr. Speaker, I'd also like to emphasize on UCI or just before I got to UCI during our visit at Mulago hospital. I remember we visited them for the lab and surprisingly, patients don't really have to look for blood replacement for them to get that blood supply. Which is not actually there in Kenya? You know, in Kenya, even if you go into a private hospital, and you need blood transfusion, you have to look for a donor to replace the blood. In Uganda that is not the case, in Uganda when you go for treatment, you walk into the hospital and in case you need blood, it's just like any other medicine. It is my belief that we need to emulate this. I don't know whether Ugandans have more blood transfusion centers than what we have here in Kenyans.

Mr. Speaker, at the old Mulago Hospital, which actually host the Pediatric Wards, had such a beautiful scene and funnily enough, they have a special morgue. They don't mix children with the other patients. They have their own special unit where they have all the facilities, they don't have crossover to share other facilities. Which I believe that we also need to emulate.

Mr. Speaker, when we had a meeting with the County Executive, remember we're proposing that Lumumba hospitals should actually be transformed into a specialized hospital. We were actually proposing that if we can have a Pediatric Hospital at Lumumba Hospital then we'll be able to offer services that age group.

Mr. Speaker, as I move on to the Uganda Cancer Initiative (UCI). During this trip, we also learned that at Uganda Cancer Institute has one of the very unique machine, actually it's a machine that is not found anywhere else, that is the proton machine, which is a noninvasive way of cancer treatments. The latest way of cancer treatment machine that is replacing chemotherapy. And actually, Uganda Cancer Institute is the only facility that has it in Africa second to the Queen Elizabeth hospital in UK.

Mr. Speaker, from this, we actually see Uganda getting more people moving there to seek treatment because of their advancement technology and the equipment.

Mr. Speaker, as I reply to this, I would like to encourage our people to encourage the implementing of these recommendations. I know some of these recommendations, usually we make very good recommendations as we take these trips, but at the end of the day, some of them just collect dust.

Mr. Speaker, I'd like to propose that whenever we make these trips, if we can actually have some of the implementers or the key decision makers on implementation accompany our groups to these benchmarking visits so that they can also have the real-time experience and as they come back then they're able to implement some of our recommendations because as we talk, I know they will read this recommendation and think that we went and sat somewhere and imagined this things. It is my belief that if we have them accompany us to some of these trips, then we'll be able to make a change just like Hon. Oiko has said that we can't continue benchmarking, but at the end of the day, there's no change that we see on the ground.

Otherwise, Mr. Speaker, as I close on this, I'd like to commend the House for having supported this report and if your office allows because you have seen the health committee actually bring report to the House or to the Floor of the House. We started off with Mama Lucy Hospital then we went to Kenyatta National Hospital and we also did the Sub-county hospitals. We are still going to the grass roots to bring more of these reports.

Mr. Speaker, if your office could actually give us an opportunity to visit the Queen Elizabeth Hospital in the UK, then we'll be able to come back and give the real time experience of what people there are experiencing on matters health. Otherwise, thank you and I reply.

The Speaker (Hon. Oraro): Honourable Members, now that the motion on adoption of the report of Medical Services, Public Health and Sanitation Committee on the Knowledge Exchange Exercise between the Committee of the Medical Services, Public Health and Sanitation and Mulago National Referral Hospital has been presented debated, I want to put a question?

(Question put and agreed to)

The Speaker (Hon. Oraro): Honourable Members, the motion on adoption of the report of Medical Services, Public health and Sanitation Committee on the Knowledge Exchange Exercise between the Committee of the Medical Services, Public Health and Sanitation and Mulago National Referral Hospital, with the recommendation therein has been adopted today the Wednesday, 03rd April 2024 at 16:55hrs. I direct that the recommendations of the report therein be communicate to the relevant department for action.

The Speaker (Hon. Oraro): Next Order!

MOTION

ADOPTION OF THE REPORT OF SELECT COMMITTEE ON IMPLEMENTATION ON THEIR BENCHMARKING EXERCISE WITH KILIFI COUNTY ASSEMBLY.

BY

HON. HENRIETTA BODO, NOMINATED MEMBER
(CHAIRPERSON)

The Speaker (Hon. Oraro): Hon. Bodo.

IMPLEMENTATION REPORT

Hon. Onyango` (MCA, Railways): Point of order Mr. Speaker.

The Speaker (Hon. Oraro): What is the point of order!

Hon. Onyango` (MCA, Railways): There is no quorum.

The Speaker (Hon. Oraro): The Serjeant at arm, when the quorum hitch is raised, as per our Standing Order, I want to direct that the bell be rang for five minutes.

(Quorum Bell ringing)

The Speaker (Hon. Oraro): Honourable Members, no member is allowed to leave the House except the Whip who may whip the Members in. I also want to refer ourselves to Standing Order no. 33(2) and direct the Serjeant-at-arm that whoever is ringing the Bell should ring it for eight minutes and not five as earlier communicated. Only the Whip can go out to whip the Members who are out.

(Quorum bell being rung)

The Speaker (Hon. Oraro): Yes Whip, can you confirm if we have quorum!

The Deputy Whip (Hon. Obonyo, MCA, South West): thank you Mr. Speaker, I confirm that we have attained enough quorum.

The Speaker (Hon. Oraro): Proceed Hon. Bodo.

Hon. Henrietta (Nominated MCA): Mr. Speaker and Honourable Members, the Select Committee on Implementation prepared its annual work plan for the FY 2023/2024 pursuant to the provisions of the Kisumu County Standing Orders, No.193 and 194(2), which mandates the House Committees to prepare programmes and activities to be undertaken in each fiscal year. This work-plan detailed activities to be carried out including the approved benchmarking exercise with the Sister Committee of Kilifi County Assembly.

Following the approval by the Liaison Committee, the Hon.Speaker of the County Assembly

of Kisumu, authorized the Committee to carry out the benchmarking to enable the two committees share experiences and challenges and borrow best practices that can enhance service delivery in line with their respective mandates. The benchmarking exercise commenced on **11th November to 16th November, 2023**.

COMPOSITION

The Committee on Implementation Kisumu County Assembly is currently composed of the following Members.

- | | |
|--------------------------|------------------|
| 1. Hon. Henrietta Bodo | Chairperson |
| 2. Hon. James Were | Vice Chairperson |
| 3. Hon. Anne Ochola | Member |
| 4. Hon. Geoffrey Warindo | Member |
| 5. Hon. Boitone Ratib | Member |
| 6. Hon. Mickey Awuor | Member |
| 7. Hon. Jenipher Obonyo | Member |
| 8. Hon. Emily Odinga | Member |
| 9. Hon. Mildred Ajumbo | Member |

Secretariat

- | | |
|----------------------|------------------------|
| 1. Pst David Ochieng | Senior Clerk Assistant |
| 2. Grace Kung'a | Committee Clerk |
| 3. Fanuel Okode | Hansard Reporter |
| 4. Wycliffe Owade | Researcher |
| 5. Rose Baraza | Sergeant-at-arms |

The Sister Committee of Kilifi County Assembly is Composed of the following: -

- | | | |
|---------------------------|---|------------------|
| 1. Hon. Emmanuel Changawa | - | Chairperson |
| 2. Hon. Tatu Salim | - | Vice-chairperson |
| 3. Hon. Mariam Mkumbi | - | Member |
| 4. Hon. Justin Rafiki | - | Member |

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| 5. Hon. Elina Mapenzi | - | Member |
| 6. Hon. Umi Mohamed | - | Member |
| 7. Hon. Samson Zia | - | Member |
| 8. Hon. Thaura Mweni | - | Member |
| 9. Hon. Grace Mwangi | - | Member |
| 10. Hon. Hamisi Hambo | - | Member |
| 11. Hon. Mwambire Kadhengi | - | Member |
| 12. Hon. Faith Keah | - | Member |
| 13. Hon. Humprey Mkade | - | Member |

Secretariat

- | | | |
|---------------------|---|---------------------|
| 1. Charity Mwarumba | - | Committee Clerk |
| 2. Shauri Nyule | - | Committee Assistant |
| 3. Anita Mashaka | - | Hansard repoter |
| 4. Salome Kasichana | - | Serjeant-at-Arms |

Establishment and Mandate of Committee.

Mr. Speaker and Honourable Members, pursuant to the County Assembly Standing Orders, Order No. 191, provides that there shall be a select Committee to be known as Committee on Implementation comprising the Chairperson and not less than eight and not more than ten other members. The Committee shall scrutinize resolutions of the County Assembly (including Committee adopted reports), petitions and the undertakings given by the County Executive Committee and examine -

- Whether or not such decisions and undertakings have been implemented and where implemented, the extent to which they have been implemented and whether such implementation has taken place within the minimum time necessary; and
- Whether or not legislation passed by the County Assembly has been operationalized and where operationalized, the extent to which that operationalization has taken place within the minimum time necessary.

The Committee may propose to the County Assembly, sanctions against any Member of the County Executive Committee who fails to report to the relevant Select Committee on implementation status of projects and programs under his or her docket without justifiable

reasons.

Acknowledgment

Mr. Speaker and Honourable Members, May I take this opportunity to thank all the Members of Implementation for their valuable input and contribution during the entire benchmarking exercise which took place in Kilifi County.

Equally, the Committee wishes to convey its utmost and sincere gratitude to both the sister committee and staff of the Kilifi County Assembly for their amiable welcome and full cooperation during the study tour. Besides, they provided us with relevant and useful information on matters pertaining implementation which we are very grateful of.

The Committee also applauds the Offices of Speaker and Clerk of the Assembly for offering extreme support, good will and conducive atmosphere to gauge with the sister Committee.

Finally, I wish to thank the secretariat for their untiring Commitments in ensuring that the committee achieve its mandate and for coming up with this report.

Mr. Speaker and Honourable Members, it is now my pleasant duty and honor, to table this benchmarking report to this Honorable House for Consideration and adoption. Thank You.

Terms of Reference for the Benchmarking Exercise

Mr. Speaker and Honourable Members, the Committee on Implementation from Kisumu County Assembly undertook an extensive benchmarking visit in Kilifi County Assembly focusing on the following key areas: -

1. Committee roles/ Mandate
2. Matters of Legal Compliance and Framework
3. The Engagement between the Implementation Committee and Executive
4. Implementation of Resolutions
5. Resource constraints

Committee Roles / Mandate.

Mr. Speaker and Honourable Members, the Kisumu County Assembly Committee on Implementation and the Kilifi County Assembly Committee engaged in understanding the specific roles each committee plays within their respective Assemblies and how they effectively discharge their duties. Both committees shared its mandate as outlined in their respective County Assembly Standing Orders. It stood out that the responsibilities of both

Committees are to oversee the implementation of resolutions passed by the Assembly at the Executive arm of the County government and to ensure accountability and compliance in the utilization of the public resources.

Matters of Legal Compliance and Frameworks

Mr. Speaker and Honourable Members, both Committees expressed their concern about the existence of Legal Constraints such as the court orders obtained to restrain the Assemblies on implementing certain resolutions. There are certain circumstances where an officer or any interested party would resort to obtaining a court injunction to avert a resolution of the Assembly.

The Committees also noted that some of the powers and privileges of County Assemblies have been donated to the Senate of Kenya and therefore in event that an officer has committed a felony and him/her is well connected politically then the resolutions of the Assembly can easily be reverted. It is no therefore easy to hold the Executive accountable for non-compliance. Challenges were noted regarding the enforceability of Assembly resolutions and the absence of clear mechanisms to sanction County Executive Members for non-implementation.

The Engagement Between the Implementation Committee, and the County Executive

Mr. Speaker and Honourable Members, The discussions here were aimed at understanding the dynamics and mechanisms that govern interactions among various entities within the County government.

Both committees emphasized the importance of defining clear roles and responsibilities to avoid conflicts or overlap between the Committee on Implementation and the Executive.

Both Counties recognized the need for synergy between different committees within the Assembly to harmonize efforts and prevent duplicity in oversight or implementation tasks.

The collaborative approaches would also enhance cooperation among committees, emphasizing the importance of information sharing and joint efforts in addressing Assembly matters. Both committees stressed on the significance of transparent and regular communication channels between the Committee on Implementation, the Executive, and other committees to facilitate smooth operations.

Implementation Of House Resolution

Mr. Speaker and Honourable Members, both Committees also raised concerns on the enforcement of the House resolutions. Some of the County Executive Committee Members

upon receiving a resolution from the County Assembly resort to either ignore or delay its implementation for reasons best known to themselves.

Both counties face administrative bottlenecks within their respective government structures, slowing down decision-making processes and impeding swift implementation of resolutions. Inefficient interdepartmental coordination was identified, leading to delays in the execution of resolutions and hindering seamless cooperation between different arms of the government.

Resource Constraints

Mr. Speaker and Honourable Members, both committees acknowledged financial constraints as a significant challenge to empower Members of the County Assembly to execute their mandate. Limited budgets impacted their capacity to conduct thorough oversight and invest in technology for monitoring purposes.

The issue of staffing limitations also arose, including insufficient personnel, which affected the depth and efficiency of their oversight and implementation efforts. Both Committees noted that some of the departments of the executive were unable to implement a resolution due to either lack of sufficient budget allocation to their respective departments or adequately trained / qualified staff to implement the resolutions.

Both Committees highlighted the importance of field visits as a means of physically verifying the status of implementation. These visits enable firsthand assessment, validation of reported progress, and identification of on-ground challenges. Both counties recognized logistical challenges such as resource constraints or travel limitations that might impede the frequency or effectiveness of field visits.

Committee Findings/ Observations

Mr. Speaker and Honourable Members,

1. Inadequate budgetary allocations hinder timely implementation of house resolutions
2. The committees acknowledged common challenges such as administrative bottlenecks and delays in response from the Executive, hindering effective oversight and implementation.
3. It is critical to put in place an effective tracking tool to monitor and assess implementation of house resolutions
4. lack of effective collaboration including inadequate/weak communication channels between the Committee and the Executive and committees of the Assembly in general, which negatively impact on coordination and tracking of resolution implementation
5. Establishing a structured framework for field visits to verify implementation progress

was considered essential. This would ensure accurate assessment and facilitate corrective actions where necessary

6. Challenges regarding the enforceability of Assembly resolutions and clear mechanisms to sanction County Executive Members for non-implementation can be addressed through a review of the existing legal framework. This process should include the engagement of a legal expert to enhance the mandate of the committees in their oversight role.
7. Members resolved that there should be collaborative approach by county governments on increased revenue allocation, which will strengthen the oversight role of committees.
8. Both Committees considered the need for a liaison officer for effective coordination, regular communication and updates from both the Executive and the Assembly.

Recommendations

Mr. Speaker and Honourable Members, both Committees explored the following potential recommendations to mitigate some of the challenges as they execute their respective mandates;

- 1) There is need for a review of the existing legal framework to identify any gaps, particularly in crucial areas such as the enforcement of Assembly resolutions and the imposition of sanctions on County Executive Members for non-implementation. This review will ensure that the responsibilities of the committees and the Assembly, as a whole are taken seriously and effectively carried out
- 2) It is crucial to establish a framework of collaboration between the joint committees to facilitate ongoing sharing of best practices, thereby strengthening oversight efforts. This will promote synergy for better results and enhance delivery of services in the county
- 3) There is need to explore specialized training opportunities for committee members and the technical staff. This will empower them with knowledge, skills and confidence to effectively carry out their mandate for improved delivery of services
- 3) To improve the monitoring of the House resolutions' implementation status, it is crucial to enhance the tracking tool. This tool will aid in assessing progress, promoting accountability and facilitating continuous improvement
- 4) It is essential for counties to embark on developing strategies aimed at gradually increasing the percentage of County allocation through collaborative efforts with the national government. This would subsequently result in increased budget allocation for committees, thereby empowering them to effectively enhance their oversight roles
- 5) As a matter of priority, the executive should consider designating a liaison officer to improve coordination between the Executive and the Assembly. This officer's duty will

include developing regular reporting schedules, establishing standardized formats for progress reports and ensuring effective communication, regular updates and feedback

- 6) There is need for a clear engagement mechanism between the select Committee on Implementation and other committees and relevant departments of the Assembly. This will enable the committee to effectively address challenges such as poor coordination, regular communication and feedback, timely submission of both quarterly reports and resolutions of the House.

Conclusion

The benchmarking exercise with Kilifi County Assembly proved invaluable in sharing experiences, identifying common challenges, and exploring best practices. The insights gained will significantly inform and guide the Committee on Implementation in refining strategies for more effective oversight and implementation of House resolutions. This comprehensive report encompasses detailed insights and analysis derived from the benchmarking exercise, covering legislative functions, Executive engagement, resolution implementation, challenges, field visits, collaborative strategies and an outline on observations and recommendations. The aim is to leverage these insights to enhance the Committee on Implementation's effectiveness in overseeing and implementing resolutions within the Kisumu County Assembly.

Mr. Speaker and Honourable Members, it is now my honor and privilege, on behalf of the Committee on Implementation to move this motion before this Honorable House for Consideration and adoption I therefore would like to call upon my Deputy Chairperson, Hon Were to second.

(The Speaker leaves the Chair)

(The Temporary Speaker Hon. Seth Okumu chairs)

The Temporary Speaker (Hon. Okumu, MCA, East Seme): Yes Hon. Were.

Hon. Were (MCA, Nyalenda “B”): Thank you Mr. Speaker, the Select Committee on Implementation seized an opportunity to benchmark with its counterpart in the Kilifi County Assembly. The purpose was to exchange insights and glean best practices that could be applied in Kisumu County. Upon reflection, Mr. Speaker, it became evident that we share commonalities and face similar challenges hindering the implementation of House resolutions and projects within Kisumu County. I urge this esteemed House to hold our County Executive accountable, by ensuring that resolutions passed are promptly implemented, and proposals from our constituents regarding projects are also acted upon. Furthermore, both House Committees

recognized the necessity of establishing a monitoring team. While Kilifi lacked such a team, Kisumu County must prioritize setting up a Monitoring and Evaluation Unit. We observed that our counterparts had a higher rate of project implementation compared to Kisumu. Hence, I call upon this House to lend its unwavering support to the Select Committee on Implementation and collaborate closely with all Standing and Select House Committees. Together, let us compel the Executive to deliver value for money and diligently execute all House resolutions. I stand to second.

The Temporary Speaker (Hon. Okumu, MCA, East Seme): Thank you. Honourable Members, the Chairperson of the Select Committee on Implementation has moved a motion for adoption of a report on their Benchmarking Exercise with the sister committee of Kilifi County Assembly. Honourable Members, before I propose a question for debate allow me to refer you to page 7 of the report, the last paragraph which reads;

‘The committee also noted that some of the powers and privileges of County Assemblies have been donated to the Senate of Kenya and therefore in an event that an officer has committed felony and him or her is well connected politically then the resolutions of the Assembly can easily be reverted. It is therefore not easy to hold the Executive accountable and compliance.’

Honourable Members, I don’t remember any section of an Act that is donating any powers and privileges of County Assemblies to the Senate and I want to direct that this section of the report be expunged before we proceed with the debate. Honourable Member, I now want to propose a question that the motion is opened for debate.

The Temporary Speaker (Hon. Okumu, MCA, East Seme): Yes Hon. Bill.

Hon. Bill (MCA, Kobura): Thank you Mr. Speaker, I wish to express my appreciation for the diligent work carried out by the Implementation Committee, led by one of our esteemed Member from Kobura Ward. The report presented offers valuable insights into the challenges encountered by the Implementation Committee both in Kisumu and Kilifi County.

Mr. Speaker, I stand in full support of the recommendations put forth by this House Committee. Establishing a systematic approach to monitor the implementation of House resolutions is imperative. As legislators, we often pass numerous reports in the Assembly. However, without a structured monitoring system that allows us to track the progress of implementation by the Executive, oversight becomes a daunting task. Having such a system in place would facilitate our follow-up efforts significantly.

Mr. Speaker, additionally, based on the report, I concur that the Implementation Committee warrants sufficient resources. It is evident that this House Committee interfaces either directly or

indirectly with all other Standing or Select House Committees, as all matters ultimately funnel through it for implementation. Therefore, in our forthcoming budgeting sessions, prioritizing resources for implementation is crucial. This will ensure the smooth functioning of the committee, leaving no room for excuses.

Hon. Speaker, once again, I express my concerns. If we reflect on all the resolutions passed since the inception of our Third Assembly, it appears that a significant portion remains unimplemented. It is imperative for this House Committee to take proactive measures to ensure that the decisions made by this Assembly do not merely accumulate dust. Our primary objective is the welfare of Kisumu County, and allowing these resolutions to stagnate undermines our collective efforts. Mr. Speaker, as one Member previously highlighted, Kisumu County is fortunate to have experienced individuals capable of contributing substantially. It is paramount that their expertise and efforts are not squandered. Therefore, it is incumbent upon the Implementation Committee to ensure the effective execution of Assembly decisions for the benefit of our County. Thank you.

The Temporary Speaker (Hon. Okumu, MCA, East Seme): Hon. Oiko Pete.

Hon. Oiko (MCA, Kabonyo Kanyagwal): Thank you Mr. Speaker. The Select Committee on Implementation went for benchmarking and the report is tabled before the Assembly today which is a good way of learning but on benchmarking, we go to find out the best practices, the challenges that are encountered there and those ones are expressed here. But what the Assembly needs to take into account and seriously value is that the committees work in collaboration.

Mr. Speaker, the Select committee on Implementation comes at the far end of all the exercise whether things were done to completion, whether things that were supposed to be implemented like the projects, the resolutions have been done so. It seems that there is a lot of lamentations that the legal framework, the powers of the County Executive which must be there but what is important is the report tabled in this House that we will interrogate and make a decision on. Let Members of the Assembly know that the Assemblies have been taken to be weak on their oversight role and that is why the Senate is asserting its authority and they are succeeding in getting oversight funds. So let the Assembly should pull up its socks to show the County that we are up to the task. I had echoed here earlier that it is not the Implementation committee that should be tasked to do everything; the Sectoral Committees are also there. Once a report is brought to this House, then it is a record of the House that we can refer to. Like one time the Health Committee tabled a report of their fact finding of our health facilities. That is a very good report of reference for the Assembly.

Mr. Speaker, we also need to look at the Audited Reports that are tabled here and handled by the Investigative Committee of PIC/PAC. When we go that way we shall achieve and we will show

the County and our people that we are worth what we were elected to do. Let the Select committee on Implementation not to feel that they have too much work to do, this is because they feel that Members are bothering them and they are put on focus. This House Committee can't do everything and that a lot of work are to be done by the Sectoral Committee and then the Implementation committee will only come as a last resort to give us their fast findings. With this kind of arrangement and discussion, we shall be well vast on our role as Members of the Assembly. Thank you.

The Speaker (Hon. Oraro): Hon. Okombo.

Hon. Okombo (MCA, Manyatta "B"): Thank you Mr. Speaker. I also rise to air my views on the report moved by the Chairperson of Implementation Committee. I exactly don't know whether to support or to contribute on the negatives but Mr. Speaker when looking at what informed the decision to benchmark, this Select Committee is informing this House that their basis was to know their roles and mandate as a House Committee. Mr. Speaker, they were to benchmark on matters of legal compliance and framework, benchmark on engagement between implementation committee and the County Executive, on implementation of resolutions and resource restraints. This House Committee refers to this benchmarking visit as invaluable meaning that the exchange visit was met than what they expected; it was beyond their expectation.

Mr. Speaker, looking at their findings and observations, the House Committee is informing us that on the other side of Kilifi County Government; they also found out that there were inadequate budgetary allocations hindering timely implementation of House resolutions. Again, this House Committee also acknowledged that there are shared common challenges as administrative bottlenecks and from their findings they did not find anything different or anything that warranted the exchange visit. Mr. Speaker, moving further down to their recommendations, their recommendation No. 1 is to review legal framework to identify the gaps particularly in enforcement of resolutions. They are also saying that they want to establish a framework for collaboration between this House Committee on Implementation and the other sister committees. Hon. Speaker, I want to believe that the County expects value for money from us as an Assembly and therefore what should be considered is important worth collaborating or expanding our resources is something that is worth learning from. Just as we have seen from a report that has just been tabled by the Deputy Chairperson of Health Committee.

Mr. Speaker, you can say that was a commendable report and any suggestions of collaborations was worthwhile. In proposing collaboration with a sister County where they saw no value and found nothing new from what we have, then I believe that it is not worthy. Mr. Speaker, talking as the Chairperson of Implementation Committee, I want to refer this House on a matter that had been tabled and discussed in this Honourable House that is businesses pending before House

Committees. Mr. Speaker, I look at the Select Committee on Implementation and I see all reports works relating to their mandate as a House Committee that were presented before them are either pending or in progress. I just wasn't to urge the committee Members and the committee chairpersons that when preparing our work plans and requesting for more resource allocations then we should centre on our mandate rather than benchmarking because Mr. Speaker I don't see any value that this benchmarking exercise is bringing to the people of Kisumu County.

Mr. Speaker there are a number of other House Committees that still have their works pending and all their cry is about resource allocation. I want to urge that when exercising our role we should give the County value for money and let us not only concentrate on budgeting resource allocation and let us not take benchmarking reports that have no value or basis for requesting for more resource allocation. Thank you and I oppose this report.

The Speaker (Hon. Oraro): Yes Hon. Okumu.

Hon. Okumu (MCA, East Seme): Hon. Speaker, I wish to call the mover to reply.

The Speaker (Hon. Oraro): Hon. Henrietta.

(The Speaker resumes Chairing of the session)

Hon. Henrietta (Nominated Member): Thank you Honorable Speaker, and my sincere gratitude to both Members those who have endorsed my report and those who haven't. I'd like to clarify to this esteemed House that when embarking on benchmarking, the intention is neither to expect less nor more than what we already have. That's precisely why such visits are undertaken. So, in our trip to Kilifi, it shouldn't be assumed that we were oblivious to the similarities between their situation and ours. This is a lighthearted response to Honorable Okombo's remark.

Secondly, her assertion that this report lacks value for money strikes me as rather harsh. Within the report, we have acknowledged the necessity of appointing a Liaison Chairperson to facilitate coordination between the House and the secretariat supporting us. This proposal represents a novel addition, demonstrating that there are indeed new insights to be gleaned from the report.

Mr. Speaker, onto the issue of resource constraints, I want to put it clear that since we started in this House Committee, we have not gone anywhere and so I don't see any bad thing in asking for more resources because soon we are going to start conducting site visits to find out the implementation status of various projects. The Committee visit to Kilifi County was not in vein and even being here is not in vein. We are here because we have a reason to be here and if you want to close your eyes not to see anything good in a report then just close your eyes. Thank you.

The Speaker (Hon. Oraro): Honourable Members, now that the motion on the adoption of the report of the Select Committee on Implementation on their Benchmarking exercise with Kilifi

County Assembly has been moved, seconded and debated upon, I therefore want to put a question on the adoption of the same.

(Question put and agreed to)

The Speaker (Hon. Oraro): Honourable Members, the motion on the adoption of the report of select committee on Implementation on their benchmarking exercise with Kilifi County Assembly is adopted today Wednesday, 03rd April, 2024 at 17:43 hours. I direct that the recommendations of the report therein be put to action. Thank you.

The Speaker (Hon. Oraro): Next Order!!

ADJOURNMENT

The Speaker (Hon. Oraro): Honourable Members, I want to communicate that tomorrow immediately after plenary the Leader of Majority has reminded me to invite all the elected leaders for a short meeting. Further, I also want to communicate that we will combine it with *Kamukunji* immediately after the plenary tomorrow. To conclude, there being no any other business to transact, the House stands adjourned to Thursday, 04th April, 2024 at 2.30 p.m.

(House rose at 5.45 p.m.)

Addendum

Hansard Team

<i>Zablon Otiende</i>	-	<i>Senior Hansard Reporter (In-charge)</i>
<i>Edward Odanga</i>	-	<i>Hansard Reporter</i>
<i>Fanuel Okode</i>	-	<i>Hansard Reporter</i>
<i>Patrick Okoyo</i>	-	<i>Hansard Reporter</i>
<i>Jesca Otieno</i>	-	<i>Hansard Reporter</i>
<i>Jacklyne Otieno</i>	-	<i>Hansard Reporter</i>
<i>Valery Achieng'</i>	-	<i>Hansard Reporter</i>