



## REPUBLIC OF KENYA

### COUNTY ASSEMBLY OF KILIFI

#### THIRD ASSEMBLY-SECOND SESSION

##### THE HANSARD

**Tuesday, 14<sup>th</sup> November 2023**

*The House met at the County Assembly Chamber,  
Malindi Town, at 2:30 p.m.*

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

##### PRAYER

##### PAPERS LAID

**Hon. Tete:** Thank you, Mr. Speaker, Sir. On behalf of the Leader of Majority, I beg to lay the following Papers on the Table: -

1. The County Revenue Fund Quarterly Report for the quarter ended September 30<sup>th</sup>, 2023.
2. The County Executive Quarterly Report and Financial Statement for the Report ended September 2023.

Thank you, Mr. Speaker.

*(Hon. Tete laid the documents on the Table)*

**The Speaker** (Hon. Mwambire): All those Reports are supposed to be forwarded to the respective Committees for deliberations and a Report will be tabled in the House for Members' analysis, and considerations and give a resolution.

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**STATEMENT**

## UPGRADING OF RIBE DISPENSARY

**Hon. Mohamed:** Thank you, Mr. Speaker. On behalf of the Chairperson of the Committee on Health, I am here to read a reply to a Statement sought by hon. Morgan Kubo, who is not in the House. I do not know if I should proceed, or if you will re-allocate.

**The Speaker** (Hon. Mwambire): Proceed, then you will forward the response to him. In case he has any issues, he will come to the Committee for deliberation since there might be other Members who have concerns.

**Hon. Mohamed:** Thank you, Mr. Speaker, for that guidance. On behalf of the Chairperson Health Committee, Dr. Edward Ziro, I wish to read a reply to a Statement sought by hon. Morgan Kubo regarding the upgrade of Ribe Dispensary from the Department of Health.

I will start with the subject. "That, we hereby confirm receipt of the County Assembly Statements dated 19<sup>th</sup> May 2023 Ref: No. CAK/DPT/HLTH/2/VOL.2/33 in respect of Ribe Dispensary.

Ribe Dispensary is located in Kambe-Ribe Ward, Rabai Sub-County. The facility's administrative arm is the Health Centre Management Team. The facility has a functional Dispensary Management Committee, which forms the governance arm. The function of the administrative arm is day to day operations of the facility while the governance arm plays an oversight role and is the link between the community and the health facility. The Dispensary is operational and serves a catchment population of 7,758 as per the 2019 census. The facility offers the following services: -

1. Outpatient Curative services
2. Inpatient Services
3. Maternity Services
4. Immunization services
5. Antenatal Clinic
6. Nutrition Services
7. Laboratory Services
8. Maternal and Child Health Clinic
9. Family planning Services
10. Public Health Services
11. Drugs Dispensing services
12. TB clinic
13. Comprehensive Care Centre
14. Diabetic and hypertensive Clinic

The health Centre serves 1,791 patients per month on average. The facility conducts 7 (seven) deliveries per month on average. The facility has 10 (ten) staff as below:

1. Two Nurses
2. One Nutritionist
3. One Public health officer
4. One Laboratory technologist

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5. Three cleaners-Casuals
6. One watchman-Casual
7. One Community health assistant

The facility receives medical drugs and related supplies and commodities from the County Government of Kilifi. The facility's sources of revenue include the following: -

1. County Government of Kilifi
2. Linda mama
3. Danida Grants
4. User fee forgone.

Kenya's Health sector is a devolved function managed by the 47 County Governments as provided for in the Fourth Schedule of the 2010 Constitution. There are six different levels of healthcare facilities. The first five are managed at the county level, the sixth level by the National Government. In this system, the patients may move from one level to the next by using a referral letter. Below are the levels of care:

1. Level 1: Level one is the community level, which is the foundation of service delivery.
2. Level 2- Dispensary: Level 2 is the interface between the community and the physical health system.
3. Level 3-Health Centre
4. Level 4 (Sub-County Hospitals)
5. Level 5-County Referral Hospitals
6. Level 6-National Referral Hospitals

We wish to confirm that Ribe Dispensary is a Level 2 Health facility. The Kenya Essential Package of Health (KEPH) has provided Human Resources for Health Norms and Standards based on the levels of Health care aforementioned.

Staffing needs are defined as the relationship between the annual workload and the standard workload for the staff cadre at the defined level of care. The standard workload for each staff category at each level of the system refers to the volume of work involved in delivering health services that can be accomplished during the course of one year by a competent and motivated health worker working to acceptable professional standards. The workload is a guided movement towards a more equitable distribution of human resources. Human resource norms are rationally defined for different levels of the system to ensure an adequate and appropriate workforce for the workload and vice versa. The minimum numbers and types of service delivery staff needed at Level 3 are as presented below: -

Level	Population	Level of function	minimum human resources function Service delivery staff	No. Required	No. in Place	Gaps
3	30,000	Level 3	Clinical Officers	2	0	2
			Nursing Staff	14	2	12
			Outpatients	3	0	3
			Delivery/Inpatients	4	0	4
			MCH activities	4	0	4

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		Dressing room	2	0	2
		Overall Coordination	1	0	1
		Community Oral	1	0	1
		Health Officer			
		Laboratory Technician	2	1	1
		Pharmaceutical technologist	1	0	1
		Public Health officer	1	1	0
		Nutritionist	1	0	1
		<b>Support Staff</b>			
		Health Records Information Officer	2	0	2
		Drivers	2	0	2
		Clerk/Cashier	1	0	1
		General Attendants	2	0	2
		Watchmen	1	0	1
		Outpatient support	1	0	1
		Management Support	1	0	1
		Total	53	22	31

### Infrastructure Norms and Standards

For efficient utilization of human resources, appropriate infrastructure is required to ensure they have the necessary tools to employ their skills. Infrastructure refers to four different components namely: -

- 1) Buildings: Medical and non-medical.
- 2) Equipment: Medical and hospital equipment.
- 3) Information and communication technologies (ICTs): Radio calls (two-way radios), telephones, and networks.
- 4) Transport services of various types.

Under the minimum infrastructure for delivery of KEPH, for Level 3 is as presented below: -

Level	Population	Minimum physical infrastructure required	In Place	Gap
3	30,000	<b>Medical services provision unit with:</b>		
		1 waiting room	2	0
		3 consultation room with an OPD shed	1	0
		1 minor theatre at outpatient	0	1
		1 records room	0	1

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		2 rooms with total of 11 inpatients	0	2
		1 laboratory room	1	0
		1 delivery room	1	0
		1 Labor ward for two	0	1
		2 stores;1for drugs, 1for general	2	0
		1 community services room	0	1
		Staff housing for 2	1 (dilapidated and state Needs major renovation)	
		4 stance pit latrines	2	2
		1 Simple Incinerator	0	0
		1 placenta pit	1	1
		1 motorcycle	0	0
		Communication equipment	0	0
		Water storage for roof catchment	1	1
		Fence and gate	0	0
		Composite pit	1	0
		Minimum acreage, 2 acres	6	0
		Supply services unit with		
		Kitchen	0	1
		Laundry	0	1

In view of the above, the Department is cognizant of the fact that Ribe Dispensary does not have adequate infrastructure as per the norms and standards. The Department shall give priority to Ribe Dispensary in the 2023/2024 budgetary allocation. However, this is a programme that needs to be phased across the five years in implementation due to budgetary constraints and competing priorities and needs.

### Health Services norms and standards

Level 3 health facilities provide the services detailed below for the 10,000 persons in its immediate catchment area (its level 2 function).

Level 2 is the interface between the community and the physical health system. It is expected to organize and coordinate structured, permanent dialogue and interaction with the community and its structures by ensuring the provision of:

a) Curative activities:

- ✚ Case management of suspected malaria cases, acute respiratory infections, fevers, diarrhoea, simple skin conditions and other simple common illnesses.
- ✚ Case management of chronic illnesses (TB, AIDS).
- ✚ Dressing for wounds, simple stitching.
- ✚ Case management of simple conditions in school children by the “health teacher” with a first aid kit.

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- ✦ Limited (emergency) normal delivery services (clients found in stage 2).

b) Rehabilitative activities:

- ✦ Identification of cases needing the application of assistive devices and rehabilitative therapies through curative and preventive health activities and visits to villages.
- ✦ Proper information on referral for those who need referral.

c) Preventive activities:

- ✦ Antenatal care (screening for risk factors, administration of iron and folic acid, chemoprophylaxis ("intermittent presumptive treatment") against malaria)
- ✦ Immunization, administration of Vitamin A
- ✦ Under-5 growth development follow-up
- ✦ Family planning

d) Promotive activities:

These involve social mobilization through health education for behaviour change. Activities may range from group health education during integrated sessions of preventive and promotive activities, to succinct individual health education as appropriate during the curative activities. Such activities will focus on:

- ✦ Safe water and sanitation
- ✦ Child Nutrition
- ✦ Prevention of blindness, deafness and injuries
- ✦ Counseling
- ✦ Bed nets
- ✦ Mobilization, for preventive health activities, EPI, antenatal care, growth and development follow-up of under-fives.

Level 3 also provides the following additional support services for Level 2 facilities. These are:

a) Health activities

1. Additional outpatient care, largely limited to minor surgery on outpatient basis.
  2. Limited emergency inpatient services (emergency inpatients, awaiting referral, 12- hour observation, etc.)
  3. Limited oral health services.
  4. Individual health education.
  5. Maternity for normal deliveries.
  6. Specific laboratory tests (routine lab, including malaria; smear test for TB; HIV testing.
- b) Recognizing the need for and facilitating referral of clients to and from appropriate levels.
- c) Providing logistical support to the Level 2 facilities in the catchment area (e.g. EPI cold chain with the fridge and vaccines that are kept there to cover the immunization needs of the catchment area).

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d) Coordinating information flow from facilities in the catchment area.

The following are some of the services offered in a health centre (Level 3): -

- 1) Maternity in-patient services with a ward.
- 2) Curative services.
- 3) Laboratory services.
- 4) Dental.
- 5) Counseling.
- 6) Pharmacy.
- 7) TB Clinics.
- 8) Diabetes & hypertension clinic.
- 9) Comprehensive care clinic for patients living with HIV.
- 10) Baby well clinics.
- 11) Antenatal and postnatal services.
- 12) They issue referral letters to other facilities.

In view of the above, the Department concurs with the leadership and Health Facility Management Committee on the need to upgrade Ribe Dispensary to Level 3 (Health Centre). However, it's critical to be cognizant of the required upgrade in terms of Human Resources and infrastructure. This is a journey that calls upon all of us to join hands and start the bold walk towards realizing this noble dream to the benefit of the citizens. There is a need for the construction of the following facilities to upgrade the facility to Level 3: -

- 1) One waiting room/bay.
- 2) 1 minor theatre at outpatient
- 3) 1 records room
- 4) 2 rooms with a total of 11 inpatient beds
- 5) 1 Labour ward for two
- 6) 1 community services room
- 7) Construction of one staff house
- 8) Refurbishment of the existing staff house
- 9) Purchase and installation of communication equipment
- 10) Provide a fence and gate for the facility
- 11) Construction of a kitchen
- 12) Construction of laundry
- 13) Purchase and installation of laundry machine
- 14) Purchase of one motorcycle

There is also a need to upgrade the Human Resource Health (additional staff) as below to match the status of the facility to Level 3: -

- ✚ Two Clinical officers
- ✚ 12 Nurses
- ✚ Three Outpatients staff
- ✚ Four Delivery/inpatients staff
- ✚ One MCH activities staff
- ✚ One Community Oral Health Office
- ✚ One Laboratory technician

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- ✦ One Nutritionist
- ✦ Two Health Records Information Officers
- ✦ One Clerk/cashier
- ✦ Three Cleaners
- ✦ Two General attendants
- ✦ One watchman
- ✦ One Outpatient support staff
- ✦ One Management support staff

All the above are well captured in the County Integrated Development Plan (CIDP) 2023/2027 as priorities. The Department shall give priority to Ribe Dispensary infrastructural upgrade in the 2023/2024 budgetary allocation.

However, this is a programme that needs to be phased across the five years in implementation due to budgetary constraints and competing priorities and needs.

However, in the meantime, the Department of Health Services is in the process of implementing the Kilifi County Referral Strategy to increase access to specialized healthcare service delivery to the lower-level health facilities. The referral strategy has the following components: -

a) Client movement:

The actual client seeking an appropriate level of care at which their health needs are best addressed. This is the most recognized form of referral service expected of the health system and is what most persons equate to a referral system. Adequate investments shall be made in the system to effectively manage the movement of clients.

b) Expertise movement

There are some instances when it may be more efficient for the movement of given expertise or services. This is particularly so for non-emergency management of clients. Required expertise in this case shall be drawn down either regularly, or on an ad-hoc basis if feasible. Specific specialized clinics or specialist services shall be established at a lower level of care. The system of rotation and facilitation of expertise movement shall be strengthened.

c) Specimen referrals

In some other instances, it may not be cost-effective for both the client and the health system to move individuals. In this case, additional expertise shall be sought for only a part of the management of the client, through specimen referrals or through client parameters. Referral movement of just a specimen, usually for investigative purposes is one form of referral considered. Biopsies or samples for notifiable conditions would best be managed through this referral approach. It avoids having to move the client within the health services.

d) Client parameters movement

This type of referral is helpful in avoiding difficult or disruptive movement of clients when a significant part of the management process can be provided at the level the client has presented. Client information can be sent for supportive diagnosis management guidance to the appropriate levels of the system. The scale-up of innovative Information Communication

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Technology (ICT) in health services, particularly in the context of e-health scale-up directly facilitates this form of referral. Through the implementation of the Kilifi County Referral strategy, Level 2 (Dispensary) and Level 3 (Health Centers) shall provide Level 4 (Sub-County Hospital) services. This shall increase access to specialized health care services to the community and the primary level health facilities without necessarily moving the patient.

This therefore means in the referral strategy arrangement, Ribe Dispensary shall provide services for Level 4 as aforementioned though it's a lower-level health facility. This shall go on concurrently with the Infrastructural and Human Resource for Health Upgrade so that in the long run, the set standards and norms are met, and the facility is upgraded to Level 3 (Health Centre).

The Department further wishes to confirm that Ribe Dispensary is in the Department of Health Services priority list for Dispensaries for upgrade to health centres. The Department has written a letter to the Kenya Medical Practitioners and Dental Board to come and assess these health facilities for purpose of upgrade. The Responses have been signed by hon. Peter Mwarogo, Office of the Executive Secretary Department.

**The Speaker** (Hon. Mwambire): Hon. Members, you will notice that in the morning session the same Response came, and I had directed that it should not proceed but when it appears again in the afternoon, I thought it was good for us to at least see what it contains. So Members, for those who may wish to make a comment on the Response even though you will have to share with the Member who sought that Statement so that he can be in a position to understand what is there and in case there will be issues then through the Committee, make sure that they are resolved and if they will not be resolved, then you can come back to the Assembly for further direction. For those who wish to make some comments, please do so.

**The Leader of Minority** (Hon. Mumba): Thank you, Mr. Speaker. I want to take this opportunity to thank God for the good health that He has granted me and my fellow Members to have attended this session this afternoon and to also congratulate my fellow Members for making sure that we are attaining the quorum for these sessions. Let us keep it up and that is the spirit of service.

I am just rising on a point of concern and looking at the Report, we appreciate that it is so detailed and the details in this Report entail so many questions that have not even been asked. I am worried that next time in this House when we have a Response from the same Department, we can have bundles of Reports here which may be read the whole day. So, I am just pointing out a concern; when they are addressing the questions on the Statements, let them just stick to the Statement and address it the way it is so that we don't belabor much on reading a Report over issues that have not even been asked in this House.

To the Chairs, I believe you also need to acquaint yourselves with these responses when they are brought to us so that now you pick what is necessary for the Response that is required in this House so that, Mr. Speaker, through your guidance we shall be saving time.

Again, on the same, I just want to retaliate on an Arabic saying that "he who has health has hope and he who has hope has everything". That is a proverb from the Arabic people. I have interacted with them, and this is what I got from the Arabic people, nothing else. I really appreciate that proverb because it has sorted me a lot of things...

**The Speaker** (Hon. Mwambire): Some of them voted for you mheshimiwa...

**The Leader of Minority** (Hon. Mumba): The issue of voting is aside to this Report here. I am strictly sticking on the issue of health...

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**The Speaker** (Hon. Mwambire): You said it is only that one that you got from them but it is more than that even the social interactions.

*(Laughter)*

**The Leader of Minority** (Hon. Mumba): Thank you, Speaker. So, when it comes to issues that touch on health, this is where our hopes lie, and this is where our wealth lies. Like Vigil says, “he who is healthy is wealthy”. So, I am of the view that the county has taken a view of making sure that we have sub-county hospitals in every sub-county which is a good move, and I would wish we avoid such statements in future.

Now, they should move further to the wards, making sure in every ward we have a health centre. By doing this, we shall be increasing service delivery to our people. Going forward Mr. Speaker, I think the County should move down to the wards to make sure our wards have access to these services as highlighted in the Report which is only found in Level 3 and not in Level 2 and those which are in Level 2 are further enhanced in Level 3 facilities and that is why, now, Members are concerned in making sure that their dispensaries are upgraded to health centres. I think the issue of levels refers to the dispensaries and health centres.

My concern to the CECM is that they should have taken it upon themselves to make sure that in our wards we have these dispensaries upgraded at least one in every ward. Like in Tezo, I do not have Level 3 health facilities. I have three Level 2 hospitals and that now deprives the citizens of the services they can get from such a facility.

Again, Mr. Speaker, my concern is about the staffing of these hospitals. The CECM has highlighted the needs that are required to be met before a dispensary or a health centre is upgraded but I am very sure when you visit these hospitals, all of them do not meet the threshold for them to be where they are. As much as they are giving us the requirements here, we shall not wait until we have everything for us to move to that stage. We should be prepared now at least out of the 100 per cent needs that have been stated here, if we can manage 60 per cent, we can jump-start the process and the rest will come as we go by.

Even when you walk to Level 4 hospitals that are there, you will bear me witness that there are still needs and if we were to wait until we are okay with the staffing and all the other needs, we couldn't be talking about Level 4 across the county today. If we go to Level 5 in Kilifi, if it is in that level which I am not sure anyway, you will see there are also needs in that hospital meaning we cannot wait until we equip the hospitals for now to upgrade these hospitals. So, going forward, I think that should not be a stumbling block. I know it is a very big burden when it comes to staffing and other needs but again, we can move slowly and make sure that our people get these services rather than saying we shall not move while we are still waiting, and we do not know when exactly we shall get to that position.

I just wanted to highlight a few. I know the Department is still struggling and I also want to acknowledge the efforts by the Health Committee in making sure that they are doing a good job keeping them on their toes and coordinating so that all those gaps are addressed in future so that we can have a healthy Kilifi County for us now to be more productive. Thank you, Mr. Speaker, for this opportunity.

**The Speaker** (Hon. Mwambire): Thank you, the Leader of Minority. I have a proposal; suppose you bring a question inquiring from the CECM Health to enlist the number of Level 2 facilities which are lined up to Level 3 because hon. Kubo sought clarity. He said it is one of the

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facilities that is lined up for upgrading. I think you can generate another question from that to get to know how many Level 2 facilities are lined up for upgrading, so that at least apart from curing your ward, it shall also cure other wards. Your proposal might help others, and then you bring the proposal for each ward to have a Level 3 facility. I think that will be in order.

The Committee will now be tasked with coming up with a good budget because the CECM needs to go to the Committee to give the proposal of the budget to upgrade them even if it will be done in phases. For instance, if this financial year they will be upgrading ten then next financial year they will upgrade others. In the same way, they said they will employ more workers to cure the issue of human resources. So, I think if you do that, in a way you will be assisting many because I know even hon. Shehe has the same challenge in his ward, among others. So, if you bring up such a question even though he will be detailed but Members will get an opportunity to know whether they are gearing towards getting a good solution or what.

**The Leader of Minority** (Hon. Mumba): Much obliged, Mr. Speaker, Sir.

**The Speaker** (Hon. Mwambire): Hon. Members, it is not just the Leader of Minority, but any Member can do that because anyone can do it. It was just a proposal of getting more Responses even without getting further engagement because if you engage as time goes by there will be no more time for the CECM to seek a higher budget, but if we have a certain budget which will assist service provision across the county, it will be better that way.

Again, the issue of sub-county Level 4 is not in each sub-county the one you doubted because they have changed the levels but in strategic areas. For instance, if you go to Magarini Sub-County, you will find that there are Gongoni and Marafa and if you go to Kaloleni they have a Sub-County Hospital in Mariakani and St. Lukes in Kaloleni Town. They are supposed to be in strategic areas. If they do that, they should also see the need to upgrade some of Level 2 to Level 3 because the beauty of Level 3 is that they offer services on weekends 24 hours a day which is better for service delivery to our people. It is a suggestion anyway.

**The Leader of Minority** (Hon. Mumba): Thank you, very much, Mr. Speaker. It is a good idea.

**The Speaker** (Hon. Mwambire): Any other Member who wants to contribute to the Response from CECM Health? Hon. Shehe, do you have anything to say?

**Hon. Shehe:** Thank you, Mr. Speaker. This is timely, although the explanation from the CECM should be specified on the sub-county level as Level 4 and the third category goes onward. This is what I am trying to see.

In this respect, they should have an executed plan to make sure that this thing happens because it is well written in the Report. The implementation lies in the provision of the budget to make it visible to the areas concerned.

We have two sub-counties which are cropping in: Chonyi and Kauma. This is additional to the seven that we have. If we look at the formation of what he is putting for the Ribes and Kambes to have a health centre that is the description he said. He is implying that this facility is supposed to have that as well stipulated by our Leader of Minority but in practice it's nothing.

We must look at whether they must be extremely careful in supporting the argument that the health factor or utility in our areas is important as they say that we are putting it as our priority in our operations. I am in the Health Committee and we have been trying to see irregularities as it has been speculated in their Reports. Every time we have meetings, there has been a very loud switch about service delivery. We have now a mobile unit that is roving and we even do not know where this unit is delivering its service. There are trained people who are

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supposed to move with these vehicles in different areas. They need to be clear on this. We have 35 Wards, for example. Let it rove in all those areas where these services are not delivered like the Health Centres or the Sub-County Hospitals as they put it.

That is my imagination, as a Member of the Health Committee. We should pick it up with our chairperson and try to ask the Chief Executive Officer to come and explain further and assure the House that this mobile unit is seen in some of the Wards that we are there and well represented instead of saying we have a facility which is well equipped while we are not aware of where it goes. That is my small, detailed input. Thank you.

**The Speaker** (Hon. Mwambire): Members, if there is any other person who has a contribution because the Report is very interesting then you can still digest and see how best you can make follow-ups.

*(Laughter)*

Hon. Shehe is saying he has two baby Sub Counties, the *mashemegi* Sub-Counties that is Kauma and Chonyi. That is okay, Hon. Shehe, do not worry. There are several issues that will depend on Members if they wish and if u can engage your colleagues in the Health Committee. The enhancement of the budget is important because you can make a follow-up to ensure it is implemented.

Home-based care started about three weeks ago and is being given to those who have critical illness. The families are advised, patients are taken home, and the officers visit the patients in their homes and see how they are being nursed at home. All those issues require the Members to sit with the Health Committee and agree on the budget. Even if they get the budget, they should know exactly what they want to achieve and stick to that so that if they share it with Members before the passage of the budget, they are aware of what they want in their Wards and what you think is the best.

The moment you pass a budget to do other issues than the significant issues you need to have in our Wards, then we will be diverting. May the Report be channeled to the Member who sought a Response for him to analyze it. In case there are issues, the Committee should assist him and if he has not been assisted, then he should come back for further guidance. The Committee can summon or invite the CEC Member to come and highlight more on that so that the Committee and the Member will be fully aware of all details to be shared and the supplementary questions will be responded at that level.

### ADJOURNMENT

**The Speaker** (Hon. Mwambire): Hon. Members, there being no other business to transact now, this House is adjourned until tomorrow 15<sup>th</sup> November 2023 at 2:30 p.m.

The House rose at 3:16 p.m.

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