



REPUBLIC OF KENYA

COUNTY ASSEMBLY OF KILIFI

SECOND ASSEMBLY –THIRD SESSION

THE HANSARD

Tuesday, 11th June 2019

*The House met at the County Assembly Chamber,
Malindi Town, at 9.30 a.m.*

[The Speaker (Hon. Kahindi) in the Chair]

PRAYERS

STATEMENTS

DEATH OF FOUR DAY OLD INFANT AT MALINDI SUB-COUNTY HOSPITAL

The Speaker (Hon. Kahindi): Hon. Chair, Health Services.

Hon Ziro: Thank you, Mr. Speaker. I stand on behalf of hon. Thaura, the Chairperson Health Services who is away, on a Response for a Statement sought by hon. Nixon Mramba, the MCA Kakuyuni Ward. The honourable Member wanted to know from the CECM (County Executive Committee Member) Health whether the CECM in charge of Health Services is aware that on the 19th day of April, 2019, a four day old infant named Elvis Ruwa Kona was referred from Madunguni Dispensary and admitted at Malindi Sub-County Hospital.

Whether the County Member in charge of Health Services is aware that the infant was not attended to for more than 12 hours since there was no oxygen at the Malindi Sub-County Hospital for use in the ambulance to enable further referral to Coast General Hospital.

If yes, why was there lack of oxygen in Malindi Sub-County Hospital which is essential for emergencies and referrals to other health facilities and what measures have been put in place to ensure that patients are attended to promptly and Malindi Sub-County Hospital has sufficient

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pharmaceutical and non-pharmaceutical products? Signed by, the hon. Nixon Mramba, MCA Kakuyuni Ward.

Mr. Speaker, here is the Response from the CEC Member in reference to the County Assembly Statement on the death of a four day old infant at Malindi Sub-County Hospital and I will read;

On reference to the above captioned subject matter, I would like to respond as follows:

1. That, I am aware the said patient was admitted on 19th April 2019 at Malindi Sub-County Hospital.
 2. That, it is not true that the patient was not attended to for more than 12 hours. The patient was received by a pediatric doctor at 6.30 a.m., admitted and treatment started.
 3. That, the drugs and non-pharmaceuticals that the patient needed then was available in the hospital.
 4. That, it is quite unfortunate for the patient to have died in our hands while on treatment.
- This is all I can say. Signed by, hon. Dr. Anisa A. Omar (OGW), the County Executive Committee Member -Health Services.

The Speaker (Hon. Kahindi): Thank you. Hon. Mramba.

Hon. Mramba: Thank you, Mr. Speaker. The Response by the CEC Member is unsatisfactory. It is not in dispute that the infant died at the Malindi Sub-County Hospital. What is in dispute is that the infant was referred from Madunguni Dispensary on the 19th day of April 2019 and the infant was taken to Malindi Sub-County Hospital at exactly three o'clock in the morning. He was at the emergency until 7.30 in the morning when a doctor decided to admit the infant; from 3.00 a.m. up to 7.30 a.m.

After the infant was admitted, the parents were told that there is very little they could do because the infant had been referred to Coast General Hospital in Mombasa. That was around 7.30 a.m. and they were told to wait for an ambulance that will take their infant to Mombasa.

At exactly 11.30 a.m., the parent called me and confirmed that an ambulance that will ferry the infant to Mombasa has been obtained but the only problem was lack of oxygen in the ambulance. As per the condition of the infant, he could not travel in an ambulance without oxygen.

The parents were then told by the doctor that there was no oxygen in the ambulance and were now waiting for the oxygen from Mombasa to come then they would take the infant to Mombasa in that ambulance. So, from 11.30 a.m. to 6.00 p.m. in the evening; the child died. That is why I sought this Statement because the infant was there from three o'clock in the morning and died at 6.00 p.m. the following day.

Mr. Speaker, the hon. CEC Member did not answer the questions as raised. He answered them casually yet this is life that was lost.

Mr. Speaker, such cases are several in Kilifi County only that most of them are going unnoticed. We need to do something that will at least mitigate this problem otherwise today it is Elvis Kona, tomorrow you may never know who will succumb to this problem.

Mr. Speaker, I beg that the CEC Member either comes before the Committee on General Oversight or comes to the Committee on Health so that the parents can also be given a chance to tell us what happened. Even in a competent court of law, the accuser and the accused are all given equal chance to be heard.

So, we either invite her to the Committee on General Oversight or we invite her to the Committee on Health Services, then the parent is also given an equal chance so that we can hear

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from the parent and the CEC Member including the doctor who was in charge on that day. Thank you, Mr. Speaker.

The Speaker (Hon. Kahindi): Hon. Stanley (Kenga).

Hon. Kenga: Asante mheshimiwa Spika kwa nafasi uliyonipa ili niweze kuchangia Hoja hii. Nataka niseme kwamba ni tendo la kinyama wakati mwananchi anapotafuata huduma kwa hospitali ya umma na mwananchi yule akose kupata huduma kwa wakati unaofaa. Mheshimiwa Spika, kama mheshimiwa Mramba alivyonyukuwa ni kweli kumekuwa na ulegevu wa huduma katika hospitali zetu za umma.

Niko na kisanga ambacho kiliweza kufanyika; kijana mmoja katika eneo langu akapatwa na ajali akiendesha pikipiki na kupelekwa katika hospitali ya Malindi ili aweze kupata kuhudumiwa. Ilichukua muda mrefu sana kitambo waweze kumpokea na kuanza kumhudumia. Wakati walipomhudumia, kuna utaratibu fulani ulikuwa ufanyike ili kuhakikisha kwamba kijana yuko salama na tuweza kuokoa maisha yake. Lakini wakati tulitarajia aweza kusafishwa kwa sababu mguu ulikuwa umevunjika, yeye hakuweza kusafishwa siku tatu mfululizo na nikapigiwa simu na wanafamilia na mimi binafsi nikampigia Waziri.

Nilipompigia Waziri ndio akaweza kufika na kuhakikisha kwamba kijana ameweza kuhudumiwa. Wakati wanamhudumia, mguu ukawa umeoza na umeanza kutoka mabuu kiasi kwamba labda ulistahili mguu uweze kukatwa lakini kwa haraka wakajaribu kuthibiti hali hiyo na kumuhudumia.

Hiki sio kisanga cha pekee; tuko na visa vingi ambavyo vinafanyika ndani ya zahanati na hospitali zetu katika Kaunti yetu ya Kilifi. Ombi langu, waziri anafanya kazi nzuri anajituma lakini zile ripoti anazopata kutoka kwa wasimamizi wa hospitali zetu kila wanapoulizwa wanasema kwamba wanapeana huduma kwa wakati unaofaa kikamilifu. Lakini ukweli wa mambo ni kwamba zile huduma zinazopeanwa ziko chini ya malengo na matarajio ya umma. Kwa hivyo, Waziri ana jukumu la kuweza kuwajibika kikamilifu. Sijui atatumia njia gani ili ndio aweze kupata habari sahihi za ukweli. Wakati wananchi wanaenda kutafuta huduma, wawe kweli wanapata huduma kikamilifu na iwapo huduma zimekosekana, pia aweze kuambiwa ukweli kwamba huduma zilikosekana wakati ule.

Lakini kama Bunge hili litaweza kuuliza swali na jibu kila mara tunapouliza isemekane kwamba huduma zilipeanwa ilhali wananchi wanaendelea kupoteza maisha, sidhani kama huu ndio mwelekeo. Yeye anafanya bidii lakini sasa wale ambao anatarajia wampatie ujumbe hawampatii ujumbe sahihi na wananchi wanaendelea kuumia. Ombi langu, mheshimiwa Spika, utupatie mwelekeo ambapo Kamati husika ya maswala ya Afya ndani ya Bunge hili itaweza kuchunguza na kufuatilia.

Ukiangalia kuna wale wazee wetu ambao wako na ile inaitwa mishipa mara kwa mara mtu anapewa tarehe aende kufanyiwa upasuaji anaenda kwa ile tarehe hata anaambiwa asile kwa sababu akitumia chakula inatatiza. Aende siku ya kwanza aambiwe leo haitawezekana, rudi siku ya pili, sasa anachukua siku za kuhesabu bila kula akijiandaa kwa ajili ya huduma kama ile.

Na ukiwauliza waheshimiwa, watakwambia lakini visanga hivi jamii haisemi; wanabaki katika kuhuzunika na kunung'unika ilhali huduma inakosekana.

Kwa hivyo, mimi nauliza tu kwamba ugatuzi huu ili wananchi waweze kuufaidi ni lazima tuhakikishe kwamba kwa kila mmoja ambaye ana majukumu ya kutekeleza kwa ajili ya jamii aweze kuwajibika kikamilifu na kuona kwamba anapeana huduma bora kwa wakati unaofaa. Asanteni.

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Hon. Mwamtsi: Thank you, Mr. Speaker, for giving me an opportunity to voice my concern on the Response presented. Mr. Speaker, the Health sector is a fundamental institution in the County of Kilifi and if you look at the budgetary allocation that we have, the Health Department is given the largest allocation in the County of Kilifi. But when you look at the services that we are given, they have questionable qualities. I have an experience similar to the one presented by hon. Mramba. It is just last Saturday that we buried a woman in my area who had gone to deliver at the County Hospital in Kilifi.

She went but there were delays in being attended to and when they attended to her, they found that the fetus had died inside her and they had to operate on her. They had no ICU (Intensive Care Unit) services, the ambulance delayed in taking her to a referral hospital in Mombasa and when she went to Mombasa, she passed on. So, I concur with hon. Mramba. In fact, it should not even be the Health Committee; I suggest that it should be the General Oversight Committee to meet the CEC Member so that we see that the Health Department in Kilifi gives service as regards to how it is supposed to. Thank you.

Hon. Karisa: Asante mheshimiwa Spika. Mimi nataka kuunga mkono maoni yaliyotolewa na mheshimiwa Mramba. Jambo ambalo linaendelea pale kusema kweli ni jambo la kusikitisha. Mimi mwenyewe juzi nilishuhudia kijana alikuwa ni mgonjwa alikuwa anaongea na daktari ama nesi ambaye alikuwa pale. Yeye akawa *ana-chat* na simu. Kijana alichofanya, alichukua ile simu akaiweka kwa mfuko. Alipokuwa anataka kumuitia askari, kijana akamwambia, “kama unataka hivyo wewe ita askari na mimi nitapiga simu niite polisi tujue haki iko wapi”. Ikabidi amhudumie na alipopata dawa akampatia ile simu na akamwambia mimi naumia na ninakuelezea na wewe ulikuwa *una-chat* nami sikuwa ninapendezewa na kitendo chako. Hayo ni mambo yanayoendelea pale.

Swala ambalo linaongelewa na mheshimiwa Mramba mimi sikuwa najua labda ni mtu ambaye anamjua. Ilikuwa jambo la aibu sana kwa sababu mgonjwa alienda pale masaa aliyonena mheshimiwa Mramba. Wakati *ambulance* ilipofika pale ilipokuwa imepatikana, shida iliyokuwa pale dereva wa kwanza alipoingia kwa *ambulance* akawaambia haya mafuta ambayo yako hapa kwa hili gari yako robo na kwenda Mombasa na hili gari liko na mafuta robo kwa kasi huwa mafuta yanatumika sana yule daktari akawa mshindani. Daktari alikuwa mshindani karibu saa nzima mpaka akaita dereva mwengine. Yule dereva mwengine alipofika pale akapeleka gari hivyo ikabidi aende mbio ya 40 na mgonjwa aliyekuwa hali mbaya akafariki njiani. Wakagundua kabisa wamefanya makosa wakaanza kuwaandikia madereva barua kuwatishia kwamba nyinyi hamharakishi magari. Kuna vitu ambavyo vinaendelea pale ambavyo hata Waziri anaweza kuwa havijui.

Waheshimiwa, tungejaribu kutafuta njia ambayo hawa wafanyikazi pale wanaweza kujua majukumu yao maanake wengi wanasumbua viongozi kama wanatafuta kazi na wanaongea maneno mazuri lakini akishaingia pale, wanafanya kazi vile wanavyotaka.

Maajabu mheshimiwa Spika, wale ambao unawaona wanafanya kazi pale, jaribu siku moja useme uko na homa uende hospitali ya Tawfiq; utaenda kuwapata pale wote na watakuhudumia vilivyo. Unashindwa kwa nini kule ambako ameandikwa kazi hawezi kufanya kazi kama vile anavyofanya kazi akiwa hospitali za Tawfiq ama Meridian? Sasa unashindwa hapa mtu amevunjika mkono anamaliza siku mbili bila kuhudumiwa lakini ukienda hospitali ya Tawfiq akishapigwa picha akiambiwa daktari wa mifupa anakuja na baada ya dakika tano amefika pale. Sasa hilo linakuwaje?

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Kwa hivyo, waheshimiwa tuko na kazi kuona kwamba hawa wafanyikazi wanaohujumu wananchi tuweze kuja na mfumo utakaowawezesha kufanya yale majukumu yao na wahudumie wananchi kwa njia inayofaa.

Na lengine mheshimiwa Spika, wale madaktari ambao wako pale huwa hawakai kazini hata kama yuko *duty*. Wanatumia wale wafanyikazi kusudi labda kama mgonjwa ameingia pale aitwe kutoka nyumbani na amalize karibu saa mbili; akifika pale mgonjwa ameumia. Kwa hivyo, mimi naomba ikiwezekana Waziri ajaribu kuvuta soksi sana kwa sababu wale wanaomhujumu ni wale wafanyikazi wake na hata si yeye kwa sababu tunaona Waziri ni mchapa kazi sana. Mimi naunga mkono vile alivyoongea mheshimiwa Mramba tuweze kuangalia mbinu ambazo zitaweza kutusaidia. Asante mheshimiwa Spika.

The Speaker (Hon. Kahindi): Hon. Mbura.

Hon. Mbura: Mheshimiwa Spika, nashukuru kwa nafasi hii ili niweze kuchangia katika hoja hii ambayo tunaizungumzia kwa sasa. Kwanza, nataka niseme kwamba hali hii vile mheshimiwa Mramba amesema inatokea mara nyingi ni vile habari hazifiki kwa wahusika. Na mimi nasema kwamba ni kwa sababu wanachukulia unyonge wetu na kutokuwa na ufahamu kama sababu ya kutukalia sisi ambao watu wetu ni wagonjwa katika zahanati zile. Nina kesi moja ambayo mimi nimeipata tu jana na kesi hii naizungumza kwa sababu ni jambo ambalo linahuzunisha sana. Nilikuwa nimehudhuria mazishi katika Wadi ya mheshimiwa Daniel (Kitsao) (Mnarani ward) na alikuwa ni mzee amefariki. Mzee yule amewacha mama pale na yule mama ni mgonjwa hali mbaya sana na huenda na yeye pia akaaga. Alikuwa katika hospitali ya Kilifi kwa ajili aweze kupata matibabu na akaambiwa aende kupigwa picha ya kifua. Mama yule anaitwa Mnyazi Mdimia; alikuwa afanyiwe *CT Scan* na pia picha ya matiti ambapo daktari alimwelekeza Jocham. Ikabidi atafute elfu 20 aende hospitali ya Jocham.

Mimi jana nilipotembelea hiyo hospitali kwa sababu najua kuna huduma hiyo kuuliza na nikaambiwa huduma hizo zinapatikana hapa Kilifi na kila huduma katika hizo mbili ni shilingi elfu tano. Sasa jambo la kushangaza ni kwamba watu wetu wenyewe wanatuhujumu wakiwa wanatuhudumia sisi wenyewe hapa. Kwa hivyo, mimi naunga mkono kwamba wakati umefika Waziri aweze kuitwa na aeleze vilivyo juu ya hali hizi ambazo tunazipitia katika zahanati zetu wenyewe na wahudumu wengi walio pale ni wetu wenyewe kushinda wale waliotoka nje.

Kwa hivyo Bw. Spika, nasema asante kwa nafasi hii na ninasema wacha hatua ichukuliwe kulingana na sheria. Asanteni.

Hon. Matsaki: Mheshimiwa Spika, mimi nashukuru kupata nafasi hii ili na mimi angalau niweze kupeana maoni yangu kuhusiana na Hoja inayoendelea. Kwanza, nataka niwashukuru wale wote waliotangulia kuzungumza nami nawaunga mkono kikamilifu. Lile ambalo ninaona ni muhimu sasa ni kuamua ni hatua gani sisi tutaichukua kama Bunge. Sitaki niwe mbali zaidi; ni kwamba waziri yule kama mheshimiwa Renson (Karisa) alivyozungumza ni mchapa kazi lakini inaonekana kuna shida hapo chini.

Yeye akiwa kichwa cha Idara ile tuweze kumuita ili aweze kutupatia mwangaza zaidi. Huenda ikawa mengine hana habari nayo; anambiwa ni hivi na hivi lakini akija hapa nafikiri tutakuwa na uwezo wa kumwambia yale ambayo sisi yanatukumba na pia watu wetu wanayapitia.

Lile la kutatiza ni kwamba kuna mtoto aliyefariki ndio nikawa nafikira pengine katika kiwango cha yule mama ama wale wazazi wanapoitwa pale panaweza pakawa na mwangaza zaidi maana yule ataongea yale yaliyompata na upande mwingine nao utajieleza. Pengine utuambie sheria inasemaje; kama yule mama anaweza akaingia hapa kwa Bunge, basi ingekuwa

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bora kama ile Kamati kubwa ile ya Bunge nzima, angalau tumsikize mama halafu tusikize daktari anasema nini. Ni hayo tu. Kwa hivyo mheshimiwa Spika, utupatie mwongozo ni wapi huyu mama tunaweza tukawa na yeye ili na yeye akajieleza. Asante.

The Speaker (Hon. Kahindi): Okay. Hon. Peter Ziro, you are holding brief for hon. Thaura, so you have full instructions. Do you have anything to say before I give my directions on this matter or you are leaving it for the Speaker to decide?

Hon. Ziro: Mr. Speaker, since I am holding brief for my colleague. I think I have very little to say about the Response. I also have a concern because I have a similar case. I think it is important you give us your directions.

The Speaker (Hon. Kahindi): Now I have examined the Response from the CEC Member and in my view, it seems not to have addressed the issues that were raised by hon. Mramba. The question was; whether there was oxygen in the ambulance as a requirement of the fact that an ambulance is supposed to be fitted with that equipment and this Assembly has been allocating substantial money to this docket.

I think the question that hon. Mramba wanted to establish was whether it is true that the CEC Member is aware that the ambulance lacked oxygen. That question was never answered. To me it implies that the CEC Member; one, is not either aware or number two, she might be aware but is avoiding the question. I am taking the direction that hon. Mramba proceeds to raise a Question under Standing Order No. 42 which will prompt the CEC Member Health to appear alongside the Medical Superintendent of Malindi Hospital and any other member of staff that will be relevant to appear at a date to be confirmed before the Committee on General Oversight.

I am also giving directions that hon. Mramba brings along the parents of the deceased. We are not trying to find out whether the doctors were negligent; we are trying to find out whether the hospital has the equipment that the Government has been allocating money for. Remember on the issue of whether a doctor was negligent or not, there is a specific body; the Medical Practitioners Board whose responsibility is to determine the negligence of a doctor. That will not be the question before the Committee on General Oversight. Our main issue is why the ambulance was not having oxygen whereas as a County Government we are allocating substantial amount of money to cater for such needs.

Hon. Mramba, you will need to immediately after this go to the Clerk's Office and submit your question there. Within the next seven days, the Clerk will have looked at the question and you will be guided and it will be brought to my Office, while I will forward it to the CEC Member and an appropriate date will be chosen so that the CEC Member Health will appear before this Assembly and because it is a Committee; it is not a House sitting. It is a Committee on General Oversight so the parents of the deceased will be allowed in this Chamber as witnesses so that they can give us an account. If necessary, the Committee on General Oversight will visit the hospital and have a physical inspection of all the ambulances that are there so that if there is no oxygen, then we want to find out, have we or have we not allocated money to equip those ambulances? Number two, we will be interested to know how they were procured if they did not have the requisite equipment in the vehicles.

This matter seems to affect each and every Ward therefore it is bigger than a Committee and that is why by the powers conferred upon me, I am giving directions that hon. Mramba raises a question which will form a subject of the Committee on General Oversight and this is not limited to the General Oversight Committee visiting the hospital which is just across the road anyway. So, those are my directions.

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LACK OF BEDS IN MARIAKANI SUB-COUNTY HOSPITAL

The Speaker (Hon. Kahindi): Hon. Peter Ziro, you have instructions to hold brief on the second Statement?

Hon. Ziro: Yes.

The Speaker (Hon. Kahindi): Kindly proceed.

Hon. Ziro: Thank you Mr. Speaker. I am holding brief on behalf of hon. Thaura who is out on official duty to respond to a Statement that was sought by hon. Jacob Thuva from the County Executive Committee (CEC) Member in charge of the Department of Health on Mariakani Sub-County Hospital.

WHETHER, the County Executive Committee Member in Charge of the Department of Health Services is aware that, Mariakani Sub-County Hospital has only four beds in the emergency section.

WHETHER, the CEC Member is aware that Mariakani Sub-County maternity wing has only two examination beds used as delivery beds and 14 beds in the wards which are not sufficient for the hospital thus leading to patients sharing beds.

WHETHER the CEC Member is further aware that Mariakani Sub-County Maternity wing project stalled two years ago.

If yes, what measures is the CEC Member undertaking to ensure the emergency section is fully equipped to address the rising cases of casualties being a Sub-County referral hospital located along the Nairobi-Mombasa Highway.

What measures is the CEC Member undertaking to ensure that the stalled maternity wing project is completed to ease the congestion of the hospital which exposes vulnerable patients and new born babies to risk of infections?

Mr. Speaker, in response to that, the CEC Member had this to say; that in reference to the Statement sought from us by the Kilifi County Assembly on Mariakani Sub-County Hospital via a letter from the Department of Health that:-

1. I am aware that the hospital has only four beds in the emergency area and this is due to the limited working space which can only accommodate that given number.
2. That the hospital maternity wing has three examination beds not two beds as indicated in the Statement used as delivery beds and this is because the size of the existing delivery room can only accommodate one delivery bed hence the use of examination beds which are smaller in size. They also serve as examination coaches for the antenatal mothers who require reviews.
3. That the hospital maternity has a bed capacity of eight beds but due to the increased number of clients 35 mothers per day, we added six more beds to accommodate post-partum mothers in the existing maternity wing and a makeshift ward with a capacity of six beds but build to accommodate them. However we have now embarked on the completion of the stalled maternity wing comprising of a theatre and wards. The project is 90 percent complete. The Department is constructing new general wards which are about 60 percent complete. This is all geared towards decongesting the hospital.
4. That I am aware the hospital maternity wing theatre project has stalled since June 2017 reason being that the Department did not pay the contractor due to financial constraints.

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However, we have now negotiated with the contractor to complete the stalled maternity theatre and the work is ongoing. This is the Response in as far as the Statement is concerned.

The Speaker (Hon. Kahindi): Hon. Pascal, do you have any queries or you are satisfied with the answer?

Hon. Pascal: Thank you Mr. Speaker. I wish to speak on the given reply by the CEC Member for Health that this answer which has been given here is half-baked and unsatisfactory because it has not actually touched on the issues.

Mr. Speaker, I brought this Question to the Floor of this House because Mariakani Sub-County Hospital is situated along Mombasa-Nairobi highway and being a busy hospital on a busy road, God forbid we anticipate or rather there are many times when accidents have always happened and for a long time we have depended on Coast General Hospital to take care of our emergency cases. As a referral hospital for Kaloleni Sub-County and other areas, we expect the emergency wing to be fully equipped and spacious enough to accommodate any emergency that will occur because we know it is situated along that busy road. As the CEC Member has indicated, only four beds are not enough to take care of the emergency cases that have been there.

Mr. Speaker, it has been very expensive because every time and again we find ambulances running from Mariakani to Coast General Hospital considering the jams that we have there. This has contributed to too many of our people losing lives on their way to the hospital. As a referral hospital, I expect the CEC Member to respond on what measure she is taking to ensure that wing is expanded or fully equipped.

Again Mr. Speaker, when I brought this Statement, I had heard an opportunity with some Members of this House to go around that hospital. Believe you me, we found women piling on beds; like three women occupying one bed and imagine these are pregnant women and that is why we decided to bring this Statement so that we can get answers on what she is planning to do to ease that condition. The CEC Member has not indicated here what concrete measures she is taking to ensure that problem is sorted because as a referral hospital, we expect if these problems are found in the dispensaries down there, then at least something good should be coming out of the better hospitals that we have; Mariakani Sub-County being one of them.

The other issue that I also do not agree with the CEC Member is that she should have given timelines when the maternity project would be completed because it has been indicated here that this project stalled in 2017 and this is a very critical project which is supposed to take care of our pregnant women. Even if the contractor is there, she should have now given us as a House when we expect this project to be completed. Therefore, with due respect from the Member who has actually brought this Response to this House, I tend to disagree with the CEC Member and kindly ask the Member to go back to the CEC Member so that she can answer this Statement. Thank you Mr. Speaker, Sir.

The Speaker (Hon. Kahindi): Hon. Hassan.

Hon. Hassan: Asante Bw. Spika. Nafikiri bajeti tunaifhamu vizuri sana na mizozo ndani ya bajeti pia tunajua. Ningeomba labda tujiulize huwa tunachangia vipi mfano kama hiyo Idara ya Afya mimi kama Mheshimiwa nimechangia nini kabla nilaumu ama nichukue hatua yoyote? Asante.

Hon. Mwayaa: Nimesimama kusema kwamba yale majibu ya Waziri ametoa sioni kama ni mabaya kulingana na pale Mariakani kwa sababu nimeanzia hii kazi pale na nimeona kuna shida na mashamba sasa kwa vile alivyouliza Mheshimiwa Pascal ile *emergency wing* iko

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congested na haiwezi kubeba vitanda vingi ili watu wahudumiwe vizuri ni kwa sababu ya shida ya ukosefu wa shamba.

Pili, kuna lile jengo ambalo limeanza juzi ambalo ni *maternity wing* na linajengwa kighorofa kwa sababu ardhi ni ndogo. Limejengwa kwenda juu ili kwamba ikaweze kuwa na vyumba vingi vya kuhudumia wale wagonjwa. Kwa hivyo, mheshimiwa Spika, naona kidogo hapa wamejaribu kulingana na kwamba Mariakani haina ardhi na Mariakani haina sehemu ya kutosha kuhudumia wale ambao pengine wanapata ajali barabarani lakini ni wale wagonjwa na wale wameenda pale kujifungua.

Sasa serikali ya Kaunti kupitia kwa huyo waziri na hata kwa Gavana wetu ikabidi jengo liwe la ghorofa hapo nyuma na saa hii labda swali ambalo mheshimiwa nimeona amelenga ni tupate wakati ambao lile jengo litaisha lakini naona kile kinachoendelea pale tueleze mda ambao lile jengo litakuwa tayari kwa matumizi pale Mariakani.

Tukifanya hivyo, basi nina uhakika shida kubwa ile ya msongamano itakuwa imepungua pale hospitalini. Labda pia pengine hayo madharau ya hao madaktari ambao sijui wameamka vipi kule kwao mpaka zile huduma hawazifanyi basi tutawaita waje watueleze.

Lakini kulingana na ile nafasi itakayokuwa imepatikana kwa sababu ile ghorofa inaendelea kujengwa na ninafikiri kutakuwa na nafasi nzuri ya kuwauliza. Mheshimiwa Spika, nimesimama nikiwa najua Mariakani ambako ni kwetu na naliona jengo linaendelea pale nyuma na naelewa liko na chumba mpaka cha kufanyia upasuaji. Asante mheshimiwa Spika.

Hon. Speaker (Hon. Kahindi): Hon. Peter Ziro, you have anything to say before I give directions on this one?

Hon. Ziro: Mr. Speaker, I have less to say.

Hon. Speaker (Hon. Kahindi): Okay, honourable Members...yes, hon. Thuva (Pascal).

Hon. Pascal: Okay, it is at your discretion Mr. Speaker to respond but I just wanted to actually respond to my best friend. The issues he pointed out would be very genuine but those things have not been highlighted by the CEC Member because he sits in that Committee. Those of us who don't sit there don't have that information. Thank you.

Hon. Speaker (Hon. Kahindi): Hon. Mwayaa, I totally understand because you come from Mariakani but you know hon. Mramba comes from Kakuyuni and he doesn't know what Mariakani looks like. Hon. George Baya comes from Watamu. If anything, we need the CEC Member to give us information. I mean, we only work with information and none of us has the capacity to work on behalf of a CEC Member. Okay, when we call a CEC Member to the Committee on General Oversight it does not mean that he or she is incompetent. The people of Kilifi deserve answers and answers can either be gotten through the Committee on Health or the Committee on General Oversight. In my view, it is the appropriate time to call the CEC Member of Health to come here. Why? Because it is clear to us that they are the people who are concerned with the budget.

If she comes here and tells us, "You as the Assembly have eaten into my budget and I don't have money," then the responsibility is not upon her again but it is upon you. This is not about apportioning blame; it is about finding a solution. My view is because we are in the budget making process, we are almost at the tail end, and then it gives her a good opportunity. I am very sure if the ambulance in Malindi does not have oxygen I doubt if there is any oxygen in the one in Watamu. Now these are the issues which require people to come together and deliberate. So hon. Pascal, your question is also valid; let it be included. Let the two Members have the same

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matters to be included as one question or in the same question for determination by the CEC Member.

I want to bring out clearly how the Committee on General Oversight works for those who have not seen it working. This is a Committee comprising of all the Members of the County Assembly chaired by the Speaker. It is an open forum where the members of the public might be invited; also the media is allowed to come. If any witnesses are required, they will also be summoned to come. This Committee has in the past summoned Bank Managers all the way from Nairobi and they came and sat there. We will only be seeking answers to questions raised in the question which is drafted under Standing Order No. 42 and nothing outside that. So, whatever is captured by hon. Mramba and hon. Pascal is what will form the agenda of the Committee on General Oversight. The General Oversight Committee in this particular matter is seeking to assist the Department to offer efficient services to the people of Kilifi.

Hon. Hassan has spoken in very short terms but if you have listened, you must have understood what role the Assembly played and I want to presume that he is asking whether we have given this Department the money they have asked for. Because if we have done so, then the blame cannot be on us but if it comes out clearly that the Department is underfunded and we are the people who apportioned that budget ultimately and finally, then clearly we have to look at both sides of the coin.

It is an opportune time to call upon the CEC Member to appear before this Committee because we are not seeking to answer a question whether a doctor was negligent or not because that is not our work. Our question is, do our hospitals have sufficient equipment to serve the people of Kilifi and if they don't, what can we do as an Assembly to ensure that is achieved? If we allocate money for oxygen to be bought and it is not bought, then that is sufficient to send somebody home. But if we have not allocated money while the Department has requested money for purchase of oxygen and because of competing interests the Assembly removes that amount of money then you cannot go back and say you have failed to perform. Why? Because, if you are supposed to give money and you removed it then do not complain when the services are not rendered.

So, I think in my view it is the opportune time now to call the CEC Member to appear before us latest next week so that this matter is heard. It will unravel many more things which will make us have proper direction in terms of the budget making process. We cannot as a County Government sort out a problem without having a budget allocation. We can cry and say that we do not have these services but as long as there is no budget allocated to it, there is nothing you can do and where it has been allocated but money has been misappropriated or there is laxity in terms of procurement and so forth, that's another question altogether.

For now, the directions are; hon. Pascal Thuva and hon. Mramba today proceed to raise those Questions under Standing Order No. 42 and submit them to the Clerk. He will examine them and be brought to my office today. I will examine them and if appropriate, we shall forward the invitation to the CEC Member hopefully in the course of next week. We can help her to do her job.

ADJOURNMENT

In the absence of any other Business in the Order Paper, I move to adjourn the House until in the afternoon. Thank you.

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The House rose at 9.45 a.m.

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