



## REPUBLIC OF KENYA

### COUNTY ASSEMBLY OF KILIFI

#### SECOND ASSEMBLY – FOURTH SESSION

## THE HANSARD

Wednesday, 14<sup>th</sup> October 2020

*The House met at the County Assembly Chamber,  
Malindi Town, at 9.00 a.m.*

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

### PRAYERS

### COMMUNICATION FROM THE CHAIR

#### VISITING DELEGATION FROM MTWAPA YOUTH VISIONARY CBO

**The Speaker** (Hon. Kahindi): Good morning hon. Members. Welcome to today's session. Today we have visitors from Shimo la Tewa Ward; the Mtwapa Youth Visionary which is a Community Based Organization (CBO). Their mission is to build capacity, sensitize youth on sustainable development. Let us welcome them. They include:-

1. Eugene Mwarandu Wamberwa
2. Renson Ngombo Marupia
3. Hendricah Sarah Awino
4. Emmanuel Mwangudza Nyale
5. Rehema Uchi Benard
6. Benard Mapea Johana
7. Mapenzi Gona Kalama
8. Mohammed Kahindi Mramba
9. Joseph Sanga Mwanyae
10. Willy Makange Basil
11. Isabellah Dzame Mumba

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12. Said MenzaKazungu
13. Juma Salim
14. Peter Kabani Yeri
15. Peris Vidzo Mumbo
16. Shedrack Thoya
17. Charles Kazema Kanyeta
18. Emmanuel Akinyi
19. Levy David Wanjala
20. Annah Nazi Ngombo
21. Stephen Mwinzi Kilonzo
22. Mohammed Mwaruwa
23. Bonface Masyuki Makau
24. Sadiki Mweri
25. Kahindi Mwaruwa
26. Grace Mwajoha
27. Aisha Judith Jonathan
28. Peter John Karisa
29. Erick Yawa
30. George Kituto
31. Celestine Pendo Kalama
32. Emmanuel Kiti
33. Irene Mere Fikirini
34. Hellen Mkuzi Kwekwe
35. Saumu Kaingu
36. Sarah Jumwa Changawa
37. Moureen Khangwa Pauline
38. Jonathan Charo Lughanje
39. Loreen Sidi Ngade
40. Abdhallah Munga Mkombe
41. Sudi Ali Jillo
42. Moses Mwangudza Nyale
43. Mwanaidi Nyadzua
44. Alex Kiti Nyale
45. Sarah Nzai
46. Rita Nyevu Kenga
47. Omar Ali
48. Ramadhan Kiti Maeka
49. Kazungu Mrabu Mwango and
50. Mohammed Mwatsuma Kilalia.

You are most welcome to the County Assembly of Kilifi.

Before we continue with the next Order, I will give an opportunity to the hon. Member where our visitors come from and maybe one other Member to welcome them. Please proceed hon. Ndago.

**Hon. Ndago:** Thank you Mr. Speaker. First and foremost, I would like to appreciate you for accepting my voters from Shimo la Tewa. Hon. Members, I would like to inform you that Mtwapa Visionary Youth is a Community Based Organization and you are very much aware that

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Shimo la Tewa is a 24-hour economy. That is why you are seeing many of the youth are very energetic and as you can see from where you are sitting hon. Members, these are youth who have a mission to build capacity and sensitize youth on sustainable development.

They are here to make sure that they are following each and every programme that is carried out by the National Government and the County Government through the development agenda and to make sure that their voice is being heard in this honourable House. I thank you for this opportunity and also welcome the ladies and gentlemen to hear what is being debated in this honourable House. Thank you Mr. Speaker, Sir.

**The Speaker** (Hon. Kahindi): Hon. Peter Ziro you have one minute.

**Hon. Ziro:** Thank you Mr. Speaker. I want to congratulate the hon. Member from Shimo la Tewa for this initiative and I also want to recognize his efforts for having included my sister Uchi in this particular list of participant's. Thank you very much.

**The Speaker** (Hon. Kahindi): Hon. Leader of Majority (hon. Mwathethe).

## PAPERS

### FINANCIAL STATEMENT FOR THE KILIFI COUNTY EMERGENCY FUND FOR THE FINANCIAL YEAR 2019/2020

**Hon. Mwathethe:** Thank you Mr. Speaker. This morning I have two Papers to lay; The first Paper;

I wish to lay on the Table of this House the Financial Statement for the Kilifi County Emergency Fund for the financial year 2019/2020. This is the first Paper.

*(Hon. Mwathethe laid the Paper on the Table)*

**The Speaker** (Hon. Kahindi): Thank you, proceed to the next Paper.

### ANNUAL FINANCIAL REPORTS FOR THE KILIFI COUNTY EXECUTIVE FOR THE FINANCIAL YEAR 2019/2020

**Hon. Mwathethe:** Thank you Mr. Speaker. I wish also to lay on the Table of this House the Financial Statement for the Kilifi County Executive for the financial year 2019/2020. This is the second Paper Mr. Speaker. Thank you very much.

*(Hon. Mwathethe laid the Paper on the Table)*

**The Speaker** (Hon. Kahindi): Thank you. The Papers will be relayed to the respective Committees. Next Order? Response to Statement sought by hon. Stanley Kenga. Is the Chairperson Health Committee in the House?

## STATEMENTS

### STALLED SHAKAHOLE DISPENSARY PROJECT

**Hon. Thaura:** Thank you Mr. Speaker. Before me is a Response to Statement sought by the Member for Adu Ward hon. Stanley Kenga. The Statement reads:-

Whether the County Executive Member in charge of Health Services is aware that Shakahola Dispensary, a county project in the financial year 2016/2017 budget has stalled and thus denying the residents the right to accessible and affordable health services.

If yes; what has led to the delay in completion and two, what measures has the Department put in place to ensure the project is completed?

Here is the Response; Department of Health Services-Shakahola Dispensary. We hereby confirm receipt of the County Assembly Statements Ref No.: CAK/DPT/HLTH/2/VOL.1/63 dated 11<sup>th</sup> June 2020.

We wish to confirm that the Department of Health Services is aware of the below Project: Tender No: KCG/HOSP/1900202/2015/2016. Tender Name: Proposed Construction of Dispensary, Staff Quarters with two number door pit latrine at Shakahola, Adu Ward, Contractor: M/S Mydapra Co. Ltd, Tender Sum: The aforementioned was a Ward Development project for the financial year 2015/2016. The project was allocated Kshs 6,000,000 in the Appropriation Budget Estimates 2015/2016 (approved Budget). However, during the supplementary budget in the same financial year, the budget was revised to Kshs 5,000,000.

The Kshs 6,000,000 budget was not adequate and hence required additional allocation in the 2016/2017 budget. The Department of Health took up the project and allocated Kshs 7,987,338 from the Executive (Department of Health Services) budget in this financial year towards completion of the project.

During Supplementary II Budget Kshs 6,000,000 was allocated by the Department of Health Services in the financial year 2017/2018. An additional Kshs 5,000,000 was allocated by the Department of Health Services towards completion of the dispensary, staff house and twin block toilets in the 2020/2021 Supplementary Budget.

The Department of Health Services wish to confirm the construction of the dispensary, staff house and twin block toilet is ongoing. The completion rate is at 90 percent.

Project item descriptions and completion rates are as follows; Construction of Dispensary at 80 percent, Construction of Staff House at 80 percent, Construction of Twin Block Toilet at 100 percent and the average work done is 90 percent.

The Department has written a letter to the project manager airing the concern over the delayed project completion. The project manager has been advised to intervene to by giving a warning to the contractor to ensure the project is completed.

The Department is dedicated and committed to ensure that the project is complete and operationalized by December, 2020 to ensure value for money and ensure the citizens access health care services with ease. This is from hon. Charles Dadu Karisa; County Executive Committee Member (CECM) Health Services.

*(The Speaker spoke off record)*

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**Hon. Kenga:** Mr. Speaker, I am not satisfied with the Response that has been given by the CECM in charge of the Department of Health Services in the county. This is a project of the financial year 2015/2016, a project that during site handing over, the officers from the Department gave 12 months for the start and completion of this project. From the financial year 2015/2016 up to now we are in the financial year 2020/21 several financial years have passed and this project has not been completed. Shakahola is more than 50 kilometers from the nearest health facility and most members of public from the said village have had to travel at a very high cost to be able to get medical services during the time of need. If you look at the second last paragraph of the Response, the CEC Member is talking about “the Department has written a letter to the project manager airing the concern over the delayed project completion. The project manager has been advised to intervene by giving a warning to the contractor to ensure the project is completed”. I have started by saying that the project was supposed to be completed within duration of 12 months therefore I would have expected that warning letters...

*(Hon. Mumba stood on a Point of Information)*

**Hon. Mumba:** Thank you Mr. Speaker for the opportunity. I wish to put on record as per the paragraph the hon. Member is mentioning. It is not that they have written the letter. According to the paragraph he has only advised the manager to do the letter we are not sure whether the letter has been written or not. So kindly, bank on that; do not say the letter has been written.

**Hon. Kenga:** Thank you. I was talking of the letter because the Response is saying “the Department has written a letter to the project manager airing the concern over the delayed project completion. The project manager has been advised to intervene by giving a warning to the contractor to ensure the project is completed”. That was an advice that was given. He is very right. As we speak today, we are not sure whether the warning letter has been done, yet by now we should not even be talking of giving a warning. We should be talking of terminating the contract and another contractor should have been found to complete the project.

This is very inhuman for officers who have been given a responsibility to serve the people of Kilifi failing to do so. This project once we did the site handing over, they are guided by provision of law that the project is supposed to be completed within a certain period of time failure to complete the project within the time given, some steps need to be taken and nothing has been done and no warning letter was done and if that warning had been done then we would have expected to have a copy attached to this Response.

Therefore, I want to say that I am not satisfied with this Response and again I have been looking at the figures. When we went for the site handing over and maybe this is something the Committee can get into and be able to know the truth; the project has around Kshs 27 million that was budgeted for. I am seeing the CEC Member talking about six million shillings that was revised to five million shillings then six million shillings to Kshs 7,987,338 and then six million shillings and an addition of five million shillings. Remember, Mr. Speaker, the delay in completion of the project attracts additional costs because materials which would have been cheaper during the financial year 2015/2016, the contractor will now buy the same materials at a very high cost and this is a cost that is incurred by the County of Kilifi. Mr. Speaker, we need to get your guidance and direction on this that is the best possible way that the Committee can engage so that we are able to get the truth and be guaranteed that the people of Shakahola will be able to access medical services Mr. Speaker. Thank you.

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**Hon. Pascal:** Thank you Mr. Speaker for this noble opportunity to stand in support for the hon. Member for Adu hon. Kenga. Health is a devolved function and it is a right of every Kenyan and more so Kilifians to enjoy good health services. Shakahola Dispensary could be one of the many dispensaries that have stalled for long and as you know, just as the Member put across that Shakahola is more than 50 kilometers from the nearest health centre. This is to say that many of the residents living in the rural areas are living without proper health services and there is a need for this House, as an oversight role, to take up actions that will ensure that Kilifians are properly served.

So many people are losing their lives because of lack of medical care and just as I indicated, I also have a dispensary in the same state called Kithengwani Dispensary that has stalled for four years now and if this is the trend, then health services are at stake.

Therefore, I will propose through your indulgence Mr. Speaker, this CEC Member is brought before this House to explain, because we cannot leave the lives of the people at stake. Health is a critical element that everybody in Kilifi needs to get. Thank you very much Mr. Speaker, Sir.

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

**Hon. Mramba:** Asante sana Mheshimiwa Spika. Nimesimama kuunga mkono mwenzangu wa Adu Mheshimiwa Stanley Karisa Kenga ambaye anafanya kazi nzuri na ninamuomba kila la heri kwa kile kiti anachokiomba kwenda kuwakilisha watu wa Magarini katika Bunge la Kitaifa apite kwa kura nyingi kabisa.

Mheshimiwa Spika, hilo jina la Shakahola tayari linaonyesha matatizo yaliyoko kule kwa hivyo haina haja ya kuuliza maana ya *Shakahola*. Maana yake ni kwamba kuna matatizo mengi sana wangeomba yakatatuliwe. Sasa watu wa Shakahola kama zahanati ya karibu ni zaidi ya kilomita 50, hilo tayari ni tatizo kubwa sana Mheshimiwa Spika. Ninaomba huyu Waziri aitwe aje katika Kamati ya *General Oversight* tumhoji hapa tuone kama kweli anafanya kazi na kama kazi imemshinda afadhali aende akapumzike tuweke mtu atakayefanya kazi. La kushangaza ni kwamba wakati mkandarasi anapelekwa katika eneo la mradi huwa kuna makaratasi anapewa na kuulizwa ni mda gani atakaochukua kukamilisha mradi ule na anaposema ni mwaka mmoja huwa ni lazima serikali ya Kaunti ihakikishe atafanya kwa mwaka mmoja akizidi hapo ni lazima kuwe kuna sababu za maana. Kama hakuna sababu ni afadhali aondolewe apatiwe mwenzake aweze kukamilisha.

Mheshimiwa Spika, naomba Bunge hili liheshimike; hakuna pesa za umma ambazo tutakubali zipotee kwa sababu ya uzembe wa maafisa wa Kaunti. Watu kama hawa ndio ambao wanarudisha nyuma juhudi za Gavana wetu Amason Jeffah Kingi na hatutakubali hivyo basi naomba Mheshimiwa Kenga, uendelee hivyo hivyo na ikiwezekana Waziri huyu aletwe katika Bunge ajieleze hapa mbele yetu sote. Asante sana.

**Hon. Mumba:** Thank you. Mr. Speaker, I stand in support of the hon. Member of Adu Ward in disputing the Response that is before this House. If I read their fourth or the fifth paragraph of the Response it says; additional five million shillings was allocated by the Department of Health Services towards the completion of the dispensary, staff house and twin block toilet in 2020/2021 Supplementary Budget.

I do not know whether this Supplementary Budget has found its way into this House. So I am worried if we can confirm and bank on a Supplementary Budget that has never found its way into this House. So, is this in line with the guidelines or the advisory that the Department has written to the project manager advising the manager to write a termination letter or a warning letter?

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We are not here to be informed about the advice that they have taken. They should confirm to us what has been done not advising or telling us the steps they are yet to take. I think this is not the way they should be responding to Statements from this House. So that is my concern. Mr. Speaker, in your wisdom, I feel you will direct us Members as we had requested. Thank you, Mr. Speaker.

**The Speaker** (Hon. Kahindi): Thank you. Hon. Peter Ziro.

**Hon. Ziro:** Thank you, Mr. Speaker, for giving me this noble chance to stand in support of hon. Kenga in refuting this particular Response. I think this was a deliberate move to delay the completion of this project if you look at paragraph number one. This was a ward development project which was awarded or allocated six million shillings and then during the Supplementary Budget, this amount of money was reduced from six to five million shillings and if you go to paragraph two, it is stated that the Executive Department of Health increased or allocated seven million shillings. So, if the Member had allocated six million shillings from the beginning and then during the Supplementary Budget, the Executive decided to reduce the amount from six to five million shillings again the Executive is coming in to increase from five million to seven million shillings. This was a delaying tactic that was being used purposely to delay the project. I also have one project in Garashi Ward that has been delayed in the same manner. This is not fair, Mr. Speaker.

I want to agree with Member who said that we should have this CEC Member come to this honourable House so that he can answer these allegations. Thank you very much.

**Hon. Reuben:** Thank you for this opportunity Mr. Speaker to air my views regarding Shakahola. You will confirm with me that this Response has been read partially. It was not read fully; I would wish to sublime the Statement earlier echoed by the hon. Members that they are not even aware that the warning letter was written or not. Mr. Speaker, you will bare me witness that immediately after the end of the Response there is a letter dated 7<sup>th</sup> April, 2020.

This is a warning letter that was written by the CECM not by the Chief Officer; “construction of dispensary, staff quarters with two number pit latrines in Shakahola, Adu Ward. The above matter hereby referred, we wish to convey the concern over the delayed work. This delay is a denial of the people of Shakahola of the much needed Health Services delivery. In view of the above, we advised that the contractor is served with the warning letter. Thanking you for your continued support”. This is a warning letter. So, Mr. Speaker, as much as we may blame the CECM for this misfortune, we should not also turn a blind eye the effort that they are making. However, as a Committee on Health, we will make a follow up on this matter. Thank you, Mr. Speaker.

**The Speaker** (Hon. Kahindi): What we have is a submission from the Chief Officer advising them...

*(The Speaker spoke off record)*

Yes hon. Thomas Mumba, sorry hon. Kenga.

*(Hon. Kenga stood on a Point of Information)*

**Hon. Kenga:** Thank you very much Mr. Speaker. I just wanted to inform the Member for Ganda Ward that this letter dated 7<sup>th</sup> April, 2020 is communication within the Department but no warning letter has been done.

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**The Speaker** (Hon. Kahindi): Yes hon. Peter Ziro.

**Hon. Ziro:** According to the statements echoed by the hon. Member for Ganda, we might not be aware but maybe he has been sent to hold brief on behalf of the CEC Member so he can inform this House whether he is standing on behalf of the people of Ganda because I am reading some mischief in his statement. I beg your guidance, Mr. Speaker.

**The Speaker** (Hon. Kahindi): Okay, before I make a ruling on this matter, let me call the Chairperson. Chairperson Health, what do you have to say in view of the Response?

**Hon. Thaura:** Thank you Mr. Speaker. I think I have read what the CEC Member has written and so the Member for Adu is in order to say that he is not satisfied with the Response. So, as I conclude I think we can have the CEC Member and interrogate him on the issue. Thank you, Mr. Speaker.

**The Speaker** (Hon. Kahindi): Now before we have the CEC Member appear before the Committee on General Oversight, the same has been...

*(The Speaker spoke off record)*

#### INADEQUATE DOCTORS AT MALINDI SUB-COUNTY HOSPITAL

**Hon. Thaura:** Thank you Mr. Speaker. I will also be reading a Response to Statement sought by the hon. Member for Adu hon. Stanley Kenga and the Statement was on Malindi Sub-County Hospital. It reads:-

Whether the County CEC Member in charge of Health Services in the county is aware:

1. That, Malindi Sub-County Hospital is a level four hospital.
2. That, the hospital serves the people of Malindi and Magarini Sub-Counties.
3. That, the same facility serves as a Referral Hospital for the people of Tana River County and Lamu County.
4. That, the hospital is supposed to have 32 doctors working at the facility.
5. That, 21 doctors of the 32 doctors are out on study leave.
6. That, six doctors out of the 32 doctors have resigned and have not been replaced.
7. That, the facility that serves a huge population has only five doctors available and working at the facility.
8. That, as a result of the above illustrated issues, the quality of services offered at the facility is poor leading to numerous public complaints.

If yes, why has this situation been allowed to occur? Who is responsible for this? What measures is the Department doing to address this problem so as to guarantee quality services at the facility? And here is the Response:

The Department of Health Services – Malindi Sub-County Hospital. The Department hereby clarifies as follows:-

That, indeed Malindi Sub-County Hospital is a level four facility located in Malindi Sub-County and serves as a referral facility for both Malindi and Magarini Sub-Counties. It also serves Lamu and Tana River Counties.

That, we are also aware of the 21 medical officers from Malindi Sub-County Hospital on study leave pursuing specialization in various fields. These are officers that have been released over a period of six years. We acknowledged that prior to 2018, the Department lacked a training plan, hence did not have proper basis to regulate the release of staff for further studies. The

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problem was aggravated by the lengthy nature of the training programmes. The Department is also cognizant and aware of the medical officers that resigned in the recent past.

The Department is conscious of the strain the two situations have induced in the provision of health services. As a measure to regulate release of staff for study leave, the Department has carried out a Training Needs Assessment and a training plan whereby only areas of critical gaps shall be prioritized subject to upkeep of work programmes.

Regarding the staff resignations, the Department has engaged the County Public Service Board for immediate replacement of these Medical Officers which is currently underway as per annex attached herewith. We have also taken measures to cushion the hospital from the acute shortage deployment of three (3) medical officers as per appended letters. We purpose to deploy another three (3) Medical Officers once the recruitment is concluded. Meanwhile, we have engaged the Board to replace the other cadres that are experiencing adversity of staff attrition.

The Department is committed to ensuring the services delivered at the facility are of acceptable quality as enshrined in the Constitution of Kenya. We shall invest appropriately in the facility's hardware and software as we strive to upgrade the hospital to a level five facility. This is from hon. Charles Dadu Karisa, County Executive Member; Health Services.

**The Speaker** (Hon. Kahindi): Hon. Kenga, do you have any further clarifications you would want to seek?

**Hon. Kenga:** Thank you very much Mr. Speaker. I wish to say I am not satisfied with the Response that has been given. Remember in the Statement, I had indicated Malindi Sub-County Hospital is a level four hospital that is currently serving the people of Malindi and Magarini; quite a large population. I think if you go by the figures released from the 2019 census we are talking of a population of over 400,000 people combined.

So any medical case that requires attention at the highest level of facility that we have between these two Sub-Counties is Malindi Sub-County Hospital. Now the facility is supposed to have 32 doctors; currently only five are available while 21 are out on study leave.

Now, Mr. Speaker, just the other day we had an issue that was raised by hon. Mramba of a child. I think we lost a child during delivery, and maybe some of the challenges that are leading to such like issues is the lack of enough medical doctors.

In this Statement, I had sought to know who was responsible for allowing it. Is it really committed in law for a facility that requires 32 doctors to have 21 doctors go on leave? Leaving the facility with very few staff who cannot meet the needs of the people of the two sub-counties leave alone the people of Lamu and Tana River Counties who are also using the same facility as a referral Hospital is risky.

Therefore, the Response as given by the CEC can never satisfy any Member who has the responsibility of taking care of the interests of the people of this great County of Kilifi. It can never happen that for a facility that is supposed to have 32 doctors then you release 21 who for a period of six years they are out on study leave. Yes, it is good that they are advancing and getting wider knowledge on the various areas of their jobs. Well, there should be a programme that is friendly to the facility and the people who are supposed to get services but we cannot release all the doctors on study leave and leave the facility without staff. Where do we expect the people to go?

As a result, most of our people go to Mombasa; most people from Kilifi are getting referred to Mombasa. Then Kilifi County should make an allocation in the budget to support Mombasa County because they are treating most of our people; these are grave issues. I do not know how it is going to be addressed but we need to have adequate doctors to offer professional

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services to the people of Malindi, Magarini and even for those cases received from outside the county. Even those who resigned have not been replaced and only five doctors are working in the facility. How are they supposed to work and how are they supposed to operate? Mr. Speaker, I am not satisfied.

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

**Hon. (Ms.) Koki:** Thank you Mr. Speaker, Sir. I stand to echo the sentiments of the hon. Member from Adu. I sit in the Committee of Health Services but according to the Response from CEC Member, I think the Executive has a tendency of responding to Statements sought by hon. Members just like the way they feel how they want. This issue of Malindi Sub-County Hospital is very serious and it is very shameful for the CEC Member to admit that 21 medical officers from the Malindi Sub-County Hospital have pursued study leaves. While he knows very well as a Department that the hospital lacks medical officers and I do not think if it had to wait until a Statement is sought for them to act.

As the Member for Adu had said that the hospital serves the people of Magarini, Malindi and even the neighboring counties. This is something that needs to be taken very seriously. As a Committee, we need to call the CEC Member and make sure that this is done because if this is the case, then it means the people of Kilifi are denied what is rightfully for them and maybe the services they are getting from the hospital is not up to standards because of lack of staff. So I am also not satisfied. Thank you.

**The Speaker** (Hon. Kahidi): Thank you. Hon. (Ms.) Elina.

**Hon. (Ms.) Elina:** Asante Mheshimiwa Spika kwa kunipa nafasi hii kumpongeza mheshimiwa Stanley Kenga. Kusema ukweli, hospitali yetu ya Malindi iko na shida kama alivyo sema na majibu ya Waziri hayajaturidhisha. Mimi nilikuwa na kesi; kuna mtu alipata ajali tarehe tatu mwezi wa tisa. Kijana alivyopelekwa kwa matibabu akaambiwa daktari yuko likizo kwa hivyo asubiri mpaka pale daktari atakaporudi. Nilipofika pale hospitali, ilibidi nibebe mwanakamati wa bodi tarehe kumi na nne (14) nikamwambia nataka twende sote wasije wakasema ni ya wanasiasa. Tulipofika pale, yule mwanakamati mwenyewe akatokwa na machozi tukaenda pale kwa daktari mkubwa akaniambia yule mhusika yuko katika mkutano. Heka heka zikaanza walipojuwa kuna mwanasiasa ameingia. Daktari alipofika pale akatwambia kwamba mguu wa yule kijana unaoza. Mbali na huyo, kuna mzee pale alikuwa na malengelenge ya mguu wakamueka bandeji. Yale malengelenge yote yalipasuka. Uchafu wote umeekewa beseni chini. Yule mtu alikuwa hata hanihusu lakini ilikuwa inasikitisha. Nilipofika pale ni kama ambaye walikuwa wanatamani waone mtu kama huyo. Baada ya kama dakika 25 yule daktari mhusika wa ile wadi aliingia akaniambia nilikuwa nimetumana yule kijana awekwe damu kwa sababu damu yake ilikuwa haitoshi ndio apelekwe *theatre*. Hivi ninavyozungumza, kijana alikatwa mguu.

Mambo ni mengi kule hospitali. Kusema kweli, mheshimiwa Kenga alivyoleta hii *Statement* ameleta kwa wakati wake na ni haki kabisa Waziri aje atujibu haya maswali akiwa na madaktari wake.

Daktari mkuu nilipomuona pale aliniambia "*this is not fair but mheshimiwa you know this hospital...*" yaani aliniambia vitu visivyo eleweka. Yule *Board Member* akaniambia haya hayastahili. Pakatoka mzee mwengine akasema hata kama haistahili wewe *Board Member* hufai kusema hayo maneno mbele ya mwanasiasa. Ondoka hapa! Akamuondosha Bw. Majali, nikimnukuu jina lake.

Kwa hivyo kusema kweli ile hospitali ya Malindi watu wote wanakimbilia Tawfiq; yule mwenye nafasi. Je wale watu wetu hohehahe? Ni wakati mzuri kabisa wa kumuita Waziri wetu

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tuje tumuulize maswali maana alipitia Bunge hili ndio akawa Waziri. Amelegea wapi? Amekosea wapi mpaka saa hii wananchi wanalia akiwa yeye ni mkaaaji wa Kilifi na wanaoumia pale hospitalini ni watu wa Kilifi?

Kwa hivyo, naunga mkono kabisa hii *Statement* ya mheshimiwa Kenga. Nimeshukuru sana na nimeunga mkono mheshimiwa Spika.

**Hon. Kenga:** Mheshimiwa Spika, hata nilikuwa naomba kumuongezea na pengine ataweza kuyaafiki haya ninayosema kwamba kwa sababu ya wale madaktari 21 ambao wameenda masomo imepeana nafasi sasa wanaohudumia wagonjwa sasa sio wale madaktari; ni wale wanaitwa *interns*. Wale vijana ambao wengine bado wako shule sasa wanahudumia wagonjwa pale *Malindi Sub-County Hospital*. Kwa hivyo, imeleta changamoto nyingi sana.

**Hon. Ndago:** Asante sana mheshimiwa Spika. Nataka nikubaliane moja kwa moja na Naibu wa Spika na waheshimiwa wenzangu waliyozungunza. Si jambo la kufurahisha ukiangalia madaktari 21 katika hospitali ambayo imetegemewa na kaunti tatu ama hata mne, kulingana na hotuba iliyosomwa na mheshimiwa Gavana katika Bunge hili mwezi uliopita na matendo yanayojirudia katika baraza lake la mawaziri, inatukejeli sisi kama waheshimiwa. Ukiangalia ikiwa mgonjwa atatoka nyumbani akipelekwa hospitalini ni ishara ya kwamba kule nyumbani mambo yameshinda. Sio jambo la kufurahisha. Ni jukumu letu kuhakikisha ya kwamba ni lazima Waziri ajukumike kikamilifu.

Mheshimiwa Spika, mimi na wewe tuna uwezo; tunatumia kadi tukienda hospitali na tunapata matibabu. Mimi, wewe na mwengine aliyekaa ndani ya Bunge hili hatuendi Malindi, Kilifi ama Mariakani *referral hospital* kwa matibabu. Tunaenda Aga Khan na hospitali nyengine za kifahari. Kuna mama anatoka Kakuyuni, Jilore, Ganze, Ramada, Chamari na wote wanakimbilia hapa Malindi. Mheshimiwa Spika, ni lazima tukae chini na tutafute mbinu mbadala ambayo itaweza kumsaidia mtu wa Kilifi kwa sababu ikiwa ni utendakazi na sisi tulichagua; wengine walipoleta CVs zao ndani ya Bunge hili, ukizisoma vizuri mmoja amesema anaweza kufanya kazi bila kusimamiwa na nitajitolea kufanya kazi ya mtu wa Kilifi.

Ni jambo ambalo linahuzinisha ikiwa hata Mwenyekiti wa Kamati ya Afya atachukua jukumu na Kamati yake nikiwa mmoja wao kuingia Mariakani *Hospital*, Mtwapa *Health Centre*, tumeenda Magarini na kadhalika kuona mambo yanavyofanyika. Wale wananchi ambao sisi tunawahudumia katika hizi hospitali ndio wanaolipa ushuru. Ni jambo la kuhuzunisha ikiwa mtu wa Kilifi anaumia na mimi na wewe tunaweza kutembea na gari tukaenda na kurudi ndani ya Bunge hili na tusichukue hatua yoyote itakuwa inatufadhaisha sana. Sisi ni viongozi na tunaangaliwa. Ni tuchukue jukumu letu kuhakikisha ile kazi yetu ya *oversight* tunaifanya kikamilifu.

Tukizungumzia maswala la *oversight* haimaanishi kwamba tunapiga vita *Executive* lakini ni jukumu letu la kikatiba; tufanye kazi yetu ili mwananchi aridhike. Sisi tutakuwa *judged* kwa matendo yetu.

Hizi *Statements* zimekuwa na tabia ya kwamba kila *Statement* inapokuja inajibiwa kulingana na vile watu wawili ama watatu wamekaa kwa meza na hata hawakuenda nyanjani. Kuna *Statement* nyingi sana ambazo zimeulizwa na hata mimi mwenyewe nimeuliza na sijapata majibu na majibu mengine yakija si ya kufurahisha. Lakini hatujibiwi sisi waheshimiwa; ni swala la kwamba limeshindikana kule nyanjani anajibiwa mwananchi kwamba kazi imefanyika imefikia mahali hapa.

Naungana na wenzangu ya kwamba ni lazima waketi chini maanake ukiangalia hapa Waziri amenukuu akasema *it is because of the lack of planning from the Department* na hiyo *Department* inaongozwa na nani kama si huyo Waziri? Waziri ndiye anayeshikilia wizara nzima

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akiwa na katibu wake na isitoshe, iko na makatibu wawili na *Directors* wanaweza wakakaa chini na washirikiana na hii Kamati kuhakikisha kwamba kazi ya mtu wa Kilifi inafanyika vizuri. Swala la Afya sio swala la kuchezea. Afya ni kitu ambacho kinastahili kupewa kipao mbele kulingana na hotuba ya mheshimiwa Gavana. Na kama hotuba yake inaenda kulingana na mazungumzo yake, ni lazima pia matendo yaandamane na ile hotuba. Naungana na wenzangu kwamba si jambo la kufurahisha maanake leo ni Malindi na kesho itakuwa Kilifi na kesho kutwa Mariakani na mwisho itakuwa ni tabia ya wafanyakazi wa serikali ya Kaunti. Asante mheshimiwa Spika kwa nafasi.

**Hon. (Ms.) Radhia:** Asante mheshimiwa Spika kwa kunipa nafasi hii nami kuchangia kuhusu hospitali ya Malindi. Nasimama kumuunga mkono mheshimiwa Kenga na pia kumpa hongera kwa kuweza kuleta Mswada kama huu Bungeni.

Mheshimiwa Spika, kusema ukweli, idara ya Afya si jambo la kuchezea. Binadamu kama hana afya hakuna jambo litakalofanyika katika nchi. Wewe mwenyewe ukiwa unaumwa hapa Bungeni huwezi kufika. Kama unaumwa elimu pia hakuna. Yaani mambo yote kwanza ni afya. Mheshimiwa Spika, hospitali yetu ya Malindi ina matatizo mengi lakini kwanza tuliangalie hili la madaktari.

Mheshimiwa Kenga ameangazia sana upande wa madaktari; mimi namuongozea upande wa wauguzi. Siku moja nilienda hospitali kutembelea wagonjwa na nikifika katika *theatre* ya *labour* nikapata mama amejifungua na katika mda wa saa sita mama hajatolewa *labour* kwa sababu wale wauguzi ambao wako pale kwa *labour* ni wachache hivyo basi hawawezi kuenda kumchukua mgonjwa kule *theatre* kumleta pale wadi. Sasa wale kina mama pale wakawa wanalalamika mimi nikasema acha nikachunguze kuna nini kinaendelea nikafika pale *labour* nikapata kuna wauguzi wawili. Nikawaambia kuna kina mama pale nje wanalalamika kwamba kuna mgonjwa wao ametolewa *theatre* amewekwa pale nje na hajaweza kuletwa huku ndani na wakati huo yakaribia saa kumi na mbili. Wakaniambia kusema ukweli mheshimiwa sisi hapa tuko wachache. Saa hii, saa kumi na mbili, twataka kuwapatia watu dawa. Sasa tutaenda kumchukua yule aliye *theatre* tumlete huku kwanza ama tutapea watu dawa? Kusema kweli mheshimiwa Spika nilihuzunika sana na kipindi hicho alikuwa Waziri ni Madam Anisa. Kweli sikuleta *Statement* lakini nilimfuata mwenyewe na nikamuelezea katika hospitali ya Malindi haswa upande wa *labour* akasema ataongeza *nurses*.

Hilo jambo mpaka leo halikushughulikiwa na najikosoa mwenyewe sikuleta *Statement* yoyote. Baada ya mda akaletwa Waziri mpya na sijaweza pia kuwasilisha *Statement* yangu. Basi mheshimiwa Kenga kwa kukufahamisha si madaktari tu hata wauguzi ni kidogo tena katika vitengo vyote wala si *labour* tu.

Naomba hawa mawaziri waitishe bajeti tuwaongeze haswa kwa upande wa Afya. Kwa hayo mengi au machache, namuunga mkono mheshimiwa Kenga asilimia. Asante.

**Hon. Pascal:** Thank you once again Mr. Speaker, for this opportunity. I stand to support the Statement that has been given by hon. Kenga. When devolution came there was a direction from the National Government that each and every county should have a level-four hospital. The reason for that was the government wanted to devolve the issues of health to the counties so that people could be served from their local areas and Kilifi is one of the beneficiary hospitals that was directed to be a level-four hospital.

Kilifi besides the four counties that have been appointed to be served by this hospital, there are so many other counties that are being served by Kilifi Hospital. The information we are getting that we lack doctors is a problem that needs us as an Assembly to ensure that we put this House to order.

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I do not know what the management of this Hospital is all about but allowing 21 doctors to go on study leave is like ridiculing the people of Kilifi. No wonder these people could be even there studying at the cost of the *mwananchi* who is failing to get the relevant services. This is something that we cannot allow even before God; are these doctors still earning? Instead of having them go in phases we are filing a deliberate move to cripple the health services of this country. Therefore, I would urge if it is possible that they revoke the entire process of having these doctors going on leave so that they can come back home and serve the people of Kilifi.

Mr. Speaker, much has been said. I stand and support the Member so that Kilifians can get their rightful share. Thank you.

**Hon. Thaura:** I support the hon. Member. Being the Chairperson, it does not mean to support whatever the CECM says in terms of how they are operating their business. I would like Members to also understand that the Committee is working hard to make sure the people of Kilifi get value for their money. We have been going from one health facility to the other. We have covered over 15 health facilities and next week we will visit more facilities. As a Committee, we are making sure that the residents of Kilifi County are served in the best way possible. So I support hon. Kenga. It is the role of this House to make sure the people of Kilifi are served in the best way possible. Thank you, Mr. Speaker.

## COMMUNICATION FROM THE CHAIR

### INTERROGATION OF CECM HEALTH SERVICES ON STATE ON MALINDI SUB-COUNTY HOSPITAL

**The Speaker** (Hon. Kahindi): Hon. Members, the matters that were raised by hon. Kenga are matters of very grave nature. 21 out of 32 doctors that would mean 90 percent of the doctors are not available when they are supposed to be serving people. Standing Order No. 42 requires a Member to make a formal submission of a Question to the Office of the Speaker to require the appearance of the CECM. I want to give that option to hon. Kenga; I believe the House needs to have the opportunity to interrogate these matters.

It is in the best interest of the House to establish how it was possible to have 90 percent of the doctors all belonging to a particular hospital proceed on study leave. What was the formula that was used? Because like you have submitted, this Hospital serves two or more constituencies and counties. What formula was applicable to show that the ratio of the five doctors who remained was deemed to be adequate or sufficient enough to serve the entire population? That is a matter that is canvassed before the Committee on General Oversight. However, as I put it, I do not have the discretion to hold a CECM to appear before the Committee directly.

Standing Order No. 42 requires any Member, other than the Speaker, to write to the House or the Speaker to require the CECM to appear before this Committee. I have given you that window hon. Kenga because you seem to have a lot of research. The eight questions that you raised none of them has been denied by the CECM. That means you have done your homework well and the most unfortunate part is that there has been an admission of negligence; the CECM admits that there was a problem in the Department in terms of sending these doctors for study leave then we should be told how it happened and when these doctors are coming back. Also, whether their further studies are also like what *mheshimiwa* has raised whether it is the taxpayers money which is paying for them.

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It is good to have doctors advance but not at the expense of the taxpayers money. These are matters that in my view need to be canvassed by the Committee on General Oversight. However, as I have stipulated, Standing Order No. 42 restricts me to directly summon the CECM. I therefore leave that window to the hon. Deputy Speaker who had moved this Statement.

In the meantime, the Chairperson Committee on Health, as you consider these matters, I think before you sum up the Reports that you are currently doing you need to summon the CECM in order to get answers. We have had a problem previously in the Department of Education but now I tend to see some kind of difference. We see things moving. We understand that the current CECM is very new in this docket but that does not seclude him to give sufficient facts to this County Assembly.

I therefore direct hon. Kenga, if you may because the Standing Orders says “a Member may” and you may want in this one to have this matter canvassed before the General Oversight Committee.

You have done your homework and fortunately none of the issues that you have raised have been rebutted by the CECM meaning you heard the cries of the people and you have addressed what they are supposed to address. The only problem you are having is that the CECM has not adequately been able to give us sufficient answers. It has not been explained to us. If we were to send 90 percent of the staff of the County Assembly on study leave, then we are better off closing as an Assembly because there is no way you can have the functionality of the County Assembly if 90 percent of the staff are not here.

That is the matter that I leave to you hon. Kenga and the Committee Chairperson you have explained yourself that you are doing some work but that work needs to be seen because the people of Kilifi are waiting for their services.

### **ADJOURNMENT**

There being no any other business on the Order Paper, I now move to adjourn the House.

**The House rose at 10:30 a.m.**