



REPUBLIC OF KENYA
COUNTY ASSEMBLY OF KILIFI
THIRD ASSEMBLY-THIRD SESSION

THE HANSARD

Wednesday, 15th May 2024

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

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

PRAYER

STATEMENTS

STATUS OF THE GOVERNOR'S CUP AWARDS

Hon. Mohamed: Thank you, Mr. Speaker. I wish to seek a Statement from the County Executive Committee Member (CECM) in-charge of the Department of Sports, Youth Affairs, Special Programs and Disaster Management through the Chairperson, Gender, Culture, Social Services and Sports Committee:

Whether the County Executive Committee Member (CECM) in-charge of the Department of Sports, Youth Affairs, Special Programmes and Disaster Management is aware of the Governor's Cup Football Tournament that was played across all 35 wards of the County.

Whether the CECM is also aware that the Ward Winners and the County Winners have not received their cash prices.

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If yes, what measures is the County Executive Committee Member taking to make sure that these prices are awarded to the Youth.

STATUS OF THE OPERATIONALIZATION OF THE
KILIFI COUNTY PERSONS WITH DISABILITY ACT, 2022

Hon. Mohamed: Mr. Speaker. I also wish to seek a Statement on behalf of Hon. Ngirani from the CECM in-charge of the Department of Gender, Culture, Social Services and Sports through the Chairperson, Gender, Culture, Social Services and Sports Committee.

Whether the CECM in charge of Gender, Culture, Social Services and Sports is aware that Kilifi County Persons with Disability (PWD) Act, 2022 is yet to be operationalized, having been assented to by H.E. the Governor on the 18th of April 2022, date of commencement being the 26th of January 2023.

If so, what efforts has she made towards ensuring that the said Act is operationalized.

Whether she is aware that the board established pursuant to Section 4 of the Act which is tasked with the responsibility of running the affairs of Persons with Disability and gazetted on the 30th of June 2023 is yet to assume office having not been sworn in.

If so, what interventions has she made to make sure that the same is done. Further, whether she is aware that the Act requires the appointment of a Chief Executive Officer under Section 7. If so, why hasn't she initiated the process of recruitment. What steps has she taken to ensure that the interests of the people of Kilifi with Disabilities have been safe guarded?

Thank you.

The Speaker (Hon. Mwambire): The Chairperson of Sports and Social Services should take good care of the two Statements. As stipulated in the Standing Orders, you should be bringing the Response from the CECM in the said docket.

MOTION

REPORT OF HEALTH SERVICES COMMITTEE ON THE
STATUS OF SUB-COUNTY HOSPITALS IN KILIFI COUNTY

Hon. Ziro: Thank you, Mr. Speaker, Sir. I beg to move the following Motion:

THAT, this House adopts the Report of Health Services Committee on the Status of Sub-County Hospitals in Kilifi County laid on the Table of this House on Tuesday, 7th May 2024.

Before I call upon hon. Thomas Mumba to second, allow me to take a few submissions on the Report. Following a public outcry on the status of the sub-county hospitals in the county, the Committee embarked on a fact-finding mission last year in November and we made visits to all the seven Sub-County Hospitals in our county.

The first was Malindi and these are the findings, Mr. Speaker; In Malindi Sub-County Hospital, what we were able to find out is that there was a huge shortage of staff. At the causality level, there was a department called Orthopaedic whereby there was no staff covering that department at night. The only staff covering the night was at the causality who is a Clinical Officer. In the wards, there were no bed sheets, the bedding and nets were dirty and were

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infested by cockroaches and bedbugs, especially in the pediatric ward. The sinks were dirty, we saw diapers scattered all over the floor, the sinks were dry in that there was no running water, and also there was a shortage of drugs.

Again, in the wards for example, in the pediatric ward, only one nurse was covering at that time, and she was attending to over 100 children at that time. In the male ward, there was a patient who was psychiatric and was admitted together with other normal patients causing havoc to the other patients who were not even able to sleep.

The second hospital was Kilifi County Teaching and Referral Hospital. Again, there was a shortage of staff. There was a delay in patients being served at the hospital. We saw a patient who had been referred from Mtwapa and who had stayed there from 2:00 p.m. and by the time we were visiting the hospital it was around 11:00 p.m. Again, at Kilifi, there are several operating theatres but we found a patient who was there from 10:00 a.m. awaiting operation and at that time there was only one operating theatre and the reason was that there were no staff to cover for the other theatres so the other patients were there waiting from 10:00 a.m. up to around 11:00 p.m. when we visited the hospital and the doctors were even followed by an ambulance so that they could come and help the patients.

There were also leaking roofs, we visited the hospitals when it was raining, and it was leaking. The doors to the toilets were dilapidated, there were no cleaners at night, and they were also lacking important radiology services, especially CT (computed tomography) scans, and MRI (Magnetic Resonance Imaging) which are basic investigations.

In the third hospital, that is Mariakani Sub-County Hospital, we found the causality department congested; it is a small room and covers the whole department for surgical and gynaecological; all of them are being served in the same department.

There was also a shortage of staff; only one Clinical Officer and one nurse served at night at the causality. In the wards there were no bed sheets, the nets were torn and were of poor quality because they could not cover the whole beds.

Again, there was a building that was handed over in 2022 and was collapsing, that is the pediatric ward; so, the children had to be shifted to the post-natal ward which was small for them because they were also slightly above 100 hosted in one room. The room was very hot. Also, the radiology department is not working at night and during weekends due to a shortage of staff.

At Mariakani they are using electronic records keeping but there is no backup for the internet so when there is no internet some patients must be sent home because the information can't be relayed from the outpatient to the pharmacy. So they can be seen by the doctor but the pharmacy won't have the information so they won't be given drugs.

Again, in Mariakani, they also lack very important components like blood and oxygen. We were told that they even lost a patient some time back due to that reason. Also, the staff especially the consultants do not stay around, and we have only one doctor who is covering at night for the whole hospital from casualty to the wards and doing operations.

In Mtwapa, at the causality department, there is no one covering the department. We only found one person who was a paramedic, and she was the one attending to patients. There was no Nurse or Clinical Officer. The Clinical Officer is the one covering the Outpatient Department. In the wards, there are no bed sheets, especially in the male and female wards. In maternity, which is also congested again there was no water; the tank that they were relying on had collapsed so

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the nurses were forced to fetch water using buckets to serve the patients. The toilets also were blocked, especially in the post-natal.

At Bamba Sub-County Hospital, they do not have an emergency room department. They only have a dressing room which is small with only one bed so by that time, it was only serving one patient. There was no cleaner at night, there was blood on the floor, and no one could clean. In the wards, it was stinking especially the female ward. The nets were torn, there were cockroaches all over and there was a patient admitted there. In the male ward, there was also one patient but again the room was small, and we had ...

The Speaker (Hon. Mwambire): Maybe you make it very clear, you saw cockroaches, what about mosquitoes? Because the nets were torn ...

Hon. Ziro: I am reporting what we saw. We did not see mosquitoes.

The Speaker (Hon. Mwambire): So does the net serve to protect mosquitoes or cockroaches? Make it clear.

Hon. Ziro: I am reporting what we saw with the Committee, that we saw cockroaches on the floor of the female ward in Bamba. Also, the nets were torn and dirty. Mr. Speaker, at Bamba we have only a two-door toilet and it is on one side. So, patients who are being served from outpatient use that toilet, move in one direction. I think you can understand, Mr. Speaker what I am trying to explain. Again, at Bamba, the laboratory and the pharmacy are not working at night; there is also a huge shortage of staff.

At Rabai, there are no wards, there is only one pediatric ward which was built by Rabai Power, and that ward also serves as an emergency for women who come there with emergency issues, like bleeding. They made a partition using boards, so that is where they are seeing the female patients.

The Speaker (Hon. Mwambire): What about the male patients? This is because you have said it is being used for emergencies.

Hon. Ziro: Sometimes, there are emergency cases for women like bleeding. Okay, let me put it this way, a woman comes with a miscarriage so cases like those are attended in the pediatric ward where there is a partition.

The Speaker (Hon. Mwambire): So, in short, what you are trying to imply is that there is an emergency section but specifically for female patients?

Hon. Ziro: No, Mr. Speaker, what is at Rabai is that we have an outpatient department which is serving all the patients.

The Speaker (Hon. Mwambire): Yes, we have outpatient, what about the emergency?

Hon. Ziro: We do not have a room which is for emergencies.

The Speaker (Hon. Mwambire): Now you are making it clear for the Members to understand.

Hon. Ziro: With cases like miscarriage then they are attended to in the pediatric wing where they made a partition.

The Speaker (Hon. Mwambire): Women who come, I know you are in that profession Dr. Ziro, the issue is, the challenge that you are making it very complicated is when you are saying that they do not have an emergency which is okay. If you put it in that if a female patient comes with an emergency, then there is somewhere. Now you are putting it in a way that male patients are not being attended to in cases of emergency.

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Hon. Ziro: No, Mr. Speaker, we have some female patients who will maybe come with bleeding because of a cut. They can be attended at the outpatient.

The Speaker (Hon. Mwambire): I am talking about a man, for instance.

Hon. Ziro: Also a man, a man who came with bleeding maybe he has been cut on the hand or the lower limb, he can also be attended to. What I am talking about here are the special cases like miscarriages whereby a woman might need a procedure. For instance, there is one called evacuation; it cannot be done at the outpatient so that is why they made the temporary provision at the pediatric ward. They made some partitions, and they kept a bed where they were seeing those patients with such cases.

Hon. Mae: Thank you, Mr. Speaker. I have a clarification for the Member. I want to ask the hon. Member if he is a Doctor or a Clinical Officer. This is because you are referring to him as Doctor.

Hon. Ziro: I think you can see me after this session.

The Speaker (Hon. Mwambire): No, kindly clarify for record purposes.

Hon. Ziro: I am an aesthetic by profession; do you understand what that means?

Hon. Mae: Yes.

Hon. Ziro: Okay, thank you. Mr. Speaker. We also do not have running water in Rabai Hospital and I think the Member can attest the same here. There is also an acute shortage of staff at Rabai Hospital; there is only one Clinical Officer and one Nurse serving at night. The water serving the hospital is from donors; Rabai power who bring water using the boozier.

The last one, Mr. Speaker, is Marafa Sub-County Hospital. At Marafa, we found a leaking roof at the out-patient. The laboratory services that were being offered there were being done by a subordinate staff at the hospital. This support staff looks like she is doing everything there; she is a cleaner, she is serving at the laboratory, she is also serving at the pharmacy, that one staff.

The Speaker (Hon. Mwambire): Is the support staff trained?

Hon. Ziro: I think it is on the job training

The Speaker (Hon. Mwambire): You did not engage the staff to establish whether it was on job training or not?

Hon. Ziro: We engaged her, it was on the job training. At Marafa, there is no running water, there was a tank which was serving the new wards which were handed over sometimes last year, but they had burst by the time we visited. So, there was no running water in that hospital. At Marafa, the power connection is faulty, the meter was blown out. The power they were using by then was not properly connected. They also have an X-ray Department which was launched but again there is a cable which was missing. It is a three phase cable which is supposed to connect the heavy machines for X-ray so that it could function. By the time we visited, that cable was not there.

We took a step again and engaged the Medical Superintendents and the Hospital Administration and they were able to tell us the issues which were affecting them and why some of these issues that I have just raised were because of that. There was a delay of them being reimbursed by the Linda Mama and the NHIF (National Hospital Insurance Fund). I think that was the major issue; insufficient funds was a problem for these administrators.

There is a NHIF Act which was yet to be implemented; it is like there is no autonomy for the hospitals to use the funds that they source. The funds have to go to the department, then they

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also come back to the hospitals for them to be able to use. Some votes for the hospitals were also removed especially votes for buying issues like the sprays for killing the bed bugs and the cockroaches.

The Speaker (Hon. Mwambire): You mean vote heads in the budget?

Hon. Ziro: Yes, vote heads in the budget.

The Speaker (Hon. Mwambire): Yes, put it clearly, this is because when you say votes and most of you came through votes, they might think that it was the ballot which was interfered with. So, how were those vote heads removed?

Hon. Ziro: So, I think that one we need to engage with the department so that they share their insights.

The Speaker (Hon. Mwambire): I think it is the Assembly that normally passes the budget, and it is your Committee which normally looks into the Department of Health Budget. So, were they erroneously removed or what happened? It was not a priority?

Hon. Ziro: Okay according to the Department... that is why we need to engage with the Department so that they can let us know why they did that. That is all we were able to gather from the hospitals and the administrators. Here are the recommendations from the Committee.

One; that the Department of Health and Sanitation Services should within six months from the adoption of this Report, review the Kilifi County Health Services, Act with a view to strengthen or harmonize it with the Facility Improvement Fund, 2023.

Two; The Department of Health and Sanitation Services and the Kilifi County Public Service Board should hire essential staff and medical personnel in all the health services to an acceptable ratio.

Three; The County Treasury should in the next financial year increase the financial allocation to the Department of Health and Sanitation to cater for the priority needs of medications, staffing, purchase of equipment and rehabilitation of the health facilities.

The Fourth one is that the Health and Sanitation Department, in consultation with the Department of Lands Housing and Physical Planning and Urban Development should within seven months of the adoption of this Report issue the hospital with title deeds. This after a survey of the hospitals learned to avert encroachment.

The Department should also come up with a strategy to reclaim the already encroached land. I think I did not read this to the Members because I believe you all have the Report and that in the Report most of our hospitals do not have ownership, they do not have title deeds, so that is why we have this commendation. The Health and Sanitation Service Department should first start the procurement and installation of a harmonized electronic medical records system for all the hospitals to reduce cases of human error, lapses and revenue leakages.

Sixth, Mr. Speaker, the Public Service Board and the Health and Sanitation Services Department should competitively recruit people with administrative, managerial and leadership expertise.

Seventh, Mr. Speaker, the Department of Health and Sanitation Services and the County Treasurer should establish a contingent plan on payment of casuals and ensure that casuals with errors are fully compensated within three months of adoption of this report. I think, Mr. Speaker, again I did not capture it in my submission, and I believe in the Report everyone has it and I was able to note that our casuals, I think most of them have more than six months arrears.

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The Department of Health and Sanitation Services should, one, collaborate with relevant stakeholders to improve the supply chain for pharmaceuticals, establish a reliable procurement and distribution system to ensure a consistent and adequate supply of essential medical supplies to the facilities, periodically review and adjust supply agreements to meet the facility involvement needs, prioritize construction of a well-managed and regulated drug store within the county that will significantly cure issues around drug shortages, ensuring timely access to essential medications and improving overall health care service delivery.

Ninth, Mr. Speaker, that the Department of Health and Sanitation Services should reach out to NHIF and LINDA MAMA programme for a discussion geared towards finding a lasting solution to the consistent delays in the reimbursement for services already rendered and to explore interim funding solutions to mitigate the impact of delayed reimbursements.

Ten, Mr. Speaker, that the Committee recommends the purchase and installation of burning chambers and incinerators in all sub-county hospitals within the county to enhance waste management practices protect public health and contribute to environmental suitability, fostering a healthier and safer community for all.

Eleven, Mr. Speaker, the Department of Health and Sanitation Services should endeavour to improve and develop the hospitals in terms of the infrastructure equipment and Human Resources so as to meet and correspond to the requirements and the standards required of level 4 hospitals.

Twelve, Mr. Speaker, the Department should always monitor the presence of consultants and doctors in the health facilities and initiate disciplinary measures against those who violate their performance contract. The Department should procure and install a biometric attendance register in all the sub-county hospitals to ensure compliance.

With those few and many remarks, I would like to call upon Hon. Thomas Chengo (Mumba) to second. Thank you, Mr. Speaker.

The Speaker (Hon. Mwambire): I think, Dr. Ziro, because he was moving, he was supposed to say I move instead of saying. Thank you.

Hon. Ziro: I move, Mr. Speaker.

The Speaker (Hon. Mwambire): Proceed, Hon. Chengo (Mumba).

The Leader of Minority (Hon. Mumba): Thank you, Mr. Speaker. I rise to second the Motion. Mr. Speaker, indeed it is very unfortunate, today I am rising on a very heavy heart, though I am tasked with the responsibility to second this Motion. Yesterday, I was expecting Manchester City will lose before Tottenham and they went ahead to win that match,

Mr. Speaker. So, it has given me a very hard time today, but I still hold the faith that West Ham will do something good for us.

The Speaker (Hon. Mwambire): I hope the emergency wing will work for you. Do not worry.

(Laughter)

The Leader of Minority (Hon. Mumba): Thank you for that, Mr. Speaker. Mr. Speaker, looking at the Motion at hand now, going by the words of Mahatma Gandhi, it says that it is health that is real wealth and not pieces of gold and silver. For this County to be wealthy as the way we think, then we must cultivate a very healthy environment for a healthy citizenry, for it

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now to thrive and move towards the direction that we want to move. With that, Mr. Speaker, I want to commend the work of this Committee.

They went out of their way because whatever was done, Mr. Speaker, was done during a time when people were still busy at their places at night. Maybe they were making babies and all that, but these men and women, honourable Members here, were busy doing fact-finding on these hospitals across the county. So, indeed, it was a sacrifice, and I must commend the work of this Committee and the Report that is before this House today.

Indeed, Mr. Speaker, in the history of devolution, we have never had such a committee working during such hours. I want to commend my Chairperson, Dr. Ziro, to keep up the good work and lead this Committee in the right direction. My chairperson highlighted so many things and all the findings that we as a committee saw during our fact-finding mission.

I must admit, Mr. Speaker, indeed, that is the status of our Level 4 hospitals across the county. Indeed, some of them were hurriedly upgraded to Level 4, whereas some of the infrastructural requirements had not been met. That is why now we are grappling with the deficiencies that we are finding in these Reports.

So, we still have a long way to go, and I believe with this Report, the Department will be responsible enough to come up with the necessary measures so that now they can streamline the Departments. But more so, Mr. Speaker, as a committee together with the Executive Department of Health, you gave us an opportunity to visit a hospital in Dar-es-Salam called Muhimbili. Indeed, Mr. Speaker, on that trip, if we can emulate what we saw there, this county will be in a better place.

One very vital issue that came out when we visited that hospital, Mr. Speaker, is the customer care services that you receive once you enter that hospital. Customer care, Mr. Speaker, is everything and if you allow me, I can even highlight what customer care means. There are certain skills in customer care that when employed and when implemented, to all, whenever you appear before a hospital, you have already started healing before you get the medication itself. That's why most of us always tend to rush to the private sector where they are being received very well and attended to in a manner that pleases, rather than the way some of us are being handled when we go to these public hospitals. Mr. Speaker, customer care entails empathy.

We expect Doctors, having chosen that profession should be passionate about themselves to handle patients with a lot of empathy because these are people who are in need and if they cannot be handled that way, Mr. Speaker, indeed, it demoralizes them and even they feel not wanted at such a facility.

Again, Mr. Speaker, you should have the ability to use positive language. I can bear witness, Mr. Speaker, personally there was a day I was driving from Mombasa and along Mnarani I met a group of people, only to realize that there was an accident that had occurred. There was a lady there who was lying on the road, and I had to carry her in my vehicle to the hospital but the way I was received at the emergency wing, indeed, was not pleasant. I had not introduced myself because I do not need to introduce myself to receive better services, Mr. Speaker.

I expect everyone who attends there to be received well and handled well. What I saw and what I witnessed, indeed, Mr. Speaker, we have a lot of problems in these hospitals. Again, Mr. Speaker, we need self-control. These patients may be out of their sicknesses and the problems that are going through, they may be rowdy sometimes but as a person who has been

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trained to handle these people, you must have self-control. You need to contain them but not challenge them with words that are not even pleasant. That goes with the same as being patient Mr. Speaker. All these qualities of the customer care service that we expect in hospitals were demonstrated when we visited Muhimbili Hospital, it was very clear. I wanted to stay there for the rest of my life but because I am a Kenyan I had no choice but to come back here.

Mr. Speaker, I must say that as a County if we mean well for our people, this Report must be implemented. We have no choice but to implement this Report. So, I urge all Members, I know we tend to pull issues to our committees but let us give priority to this health sector because we all depend on this health sector. We are here because we are in good health. I do not believe if you were sick you could find yourself here today. So, if we can join hands as a House and push for the implementation of this Report, I am very sure this county will move to a level whereby everyone will love to be associated with this county.

Mr. Speaker, today I am very happy that we had an opportunity to go through those hospitals and we are here coming up with a Report that is not very pleasant before the eyes of honourable Members and the citizens of this great County but again that is the reality and naked truth that we must face and make sure we implement it for a better tomorrow, for a better generation.

So, I do not want to labour much because the Chairperson highlighted all the challenges that we went through, and, unfortunately, the issue of cleanliness in our hospitals is very wanting. To make it worse, we have a cadre which is involved in cleaning services. Surprisingly, Mr. Speaker, the cleaning services will work up to noon and after that, nobody is there to do the cleaning services whereas our facilities are expected to operate 24 hours. Who will do the cleaning after that time? So, we do not need any procured services, but we need to train these people and maybe, if possible, we will allocate shifts so that they can operate 24 hours and make sure our facilities are in good condition and clean. That way Mr. Speaker, we shall make sure our environment in our hospitals is pleasant and good for the patients who attend there.

I am sure by doing so, most of us here will be treated in our hospitals and we shall not rush to the private hospitals across our county and even outside our county whereby these resources could be channelled back to our county. As you see the new Act on this allows the hospitals to use whatever they get from the hospitals for development again for the same hospitals to increase revenue. I believe with that good environment all the Members and everyone in Kilifi County will be happy to be treated at our hospitals.

With those few remarks Mr. Speaker, I stand to Second and urge Members to adopt it and push for more resources in the Department of Health. Thank you.

The Speaker (Hon.Mwambire): So, we have learnt from hon. Mumba that good customer care services can even make one die while smiling. Okay, it is good that we learnt very important aspects because people normally think when Members go on such benchmarking trips, they are going there to just move around and make money instead of learning such good things that you have shared with us. I believe if the Report goes through, hon. Mumba and the Committee will assist our county to also reach a certain level.

(Question proposed)

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Hon. (Ms.) Maneno: Thank you, Mr. Speaker, Sir. I rise to support the Report on the status of Kilifi County Hospitals. Mr. Speaker, allow me to congratulate my Chairperson for submitting to this House a very comprehensive Report. Much has already been said and I would like to urge the Department of Health to make sure that they implement the recommendations which we are going to adopt today. The recommendations will help our county hospitals to be better. Mr. Speaker, I have not much to say but I remain supporting this Report. Thank you.

Hon. Kea: Thank you, Mr. Speaker, Sir, for giving me this opportunity. I want to support this Report in totality. Being a Member of this Committee also accompanied hon. Mumba and the Chairperson to Muhimbili, what has been said is exactly what is happening on the other side and people are getting cured just because of the customer care service; it is very perfect. Back to our home here, it is a very big problem especially when you visit these hospitals. You can even die and be taken to a mortuary around Mbogolo because of the treatment you get without seeing a doctor. I have handled a lot of people there not because they were supposed to die but the handling...

The Speaker (Hon. Mwambire): People or bodies?

(Laughter)

Hon. Kea: Anyway, Mr. Speaker, it was on a light note but I support the wonderful job that this Committee did. We spent a lot of time leaving our families to do this fact-finding trip. I do not want to say much about the trip that we had at night, but it will not be fair even to the Committee if this Report is not implemented. What we went through in our homes after this trip was terrible; for the sake of the sacrifice that this Committee made, kindly let us support this Report and implement it. Thank you, very much.

Hon. Mohamed: Thank you, Mr. Speaker. I also rise to support this Report. Being one of the Members of the Committee on Health. The Chairperson and the Leader of the Majority have highlighted most of these facts. What we witnessed in our hospitals is totally different from what we found in Muhimbili. One thing that I admire, and it is in this Report that we heard the Chairperson saying most of these hospitals in our country; is during the night you will find that there is only one Doctor, a Clinical Officer or a Nurse whereas in Muhimbili we found that all the Consultants and Doctors take the whole day in that hospital. They do not go home unlike us where a consultant comes to the hospital for two hours and goes back to his private hospital where he is getting an extra amount.

The Leader of the Minority said he wished he could have stayed there for the rest of his life, but he is a Kenyan he had to come back, this is because when you are treated in Muhimbili it is true you can die when laughing because the kind of services you are getting, and the kind of treatment is amazing. This is something that we really admire. I urge this House to support the Report and also urge the Committee on Implementation to assist and ensure that all these recommendations we as a committee came up with have been fully implemented and our health system will be good. Thank you, Mr. Speaker and I stand supporting the Motion.

Hon. (Ms.) Mapenzi: Asante sana, mheshimiwa Spika, kwa fursa hii. Nawapongeza Wanakamati kwa kazi nzuri; Walizunguka majira ya usiku na kufanya kazi nzuri. Vile vile, nina huzuni kwa yale yaliyohibitishwa kuwa yanafanyika katika hospitali zetu za Kaunti ya Kilifi. Vile vile, nihuzunike zaidi maanake sekta a hii ndio inapewa pesa nyingi katika gatuizi hili ili

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kufanya kazi. Hatutarajii mambo kama haya kuletwa hapa katika bunge kwa wakati huu. Ukiangalia kiwango cha fedha kinacho wekwa katika mgao kwa hii sekta, inahizunisha kusikia kuwa hospitali hazina matandiko, vile vile kunguni wamejaa katika hospitali hizo, kombamwiko wamejaa katika hospitali zote ni jambo la kuhuzunisha, Bw. Spika.

Tunajulishwa hapa na Mwenyekiti wa Kamati ya Afya kwamba wadi zetu zote walizotembelea ni chafu. Uchafu unaweza sababisha maambukizi ya maradhi mengini kwa watu wanaofika pale, nikiwa mmoja wao. Kuna utupaji taka usio kuwa na mpangilio. Kwa mfano, *pamper* za watoto zimejazana kule hospitali; hilo ni jambo la kuhuzunisha. Hii ni ishara kwamba utendakazi wa pale uko duni na wale waangalizi wa hospitali zile hawafanyi kazi zao.

Vile vile, niseme Wizara ya Afya pia nao haijawajibika, hapa tumeona kuwa licha ya kuwa hizo hospitali ni chafu hakuna maji ya kusafisha hayo ni mapungufu ambayo Kamati hii iliweza kuona sio maneno yangu. Wagonjwa vile vile, wanatumia zaidi ya mmoja kitanda kimoja na mara kwa mara namsikia Gavana akisema amenunua vitanda ili kuboresha hospitali zetu na kuagiza madawa; hayo ndio maneno ambayo Gavana anasema amefanya.

Sasa Ripoti hii inasema hospitali zile hazina madawa, wakati wa usiku zahanati zingine hazikuwa na Madaktari kabisa, halafu hospitali kubwa kama hii ya Malindi inakuwa na Daktari mmoja; hili ni jambo la hatari sana. Kilifi yetu tuko hatarini katika Sekta ya Afya. Hapa kuna shida, sio kwamba hizo zahanati hazina Madaktari japo hawatoshi lakini wako. Haya yote yanasababishwa na hospitali za kibinafsi. Madaktari wameweka mastari wa mbele zahanati zao kushinda zile kazi walizoajiriwa na Kaunti.

Naongea kwa uchungu, ni juzi tu nilikosa kikao cha Jumatatu juma lililopita kwa sababu tumeangamiza msichana wetu katika chama cha UDA (*United Democratic Alliance*) akijifungua katika zahanati, ambaye Daktari katika hiyo zahanati pia ni mhudumu katika Hospitali kuu ya Malindi. Wale viongozi katika hii Idara wako na mapungufu kwa sababu wanasubiri maafa yametokea ndipo wakusanyane wote kwenda ambapo maafa yametokea. Juzi tukiwa tunaomboleza kifo cha msichana huyo baada ya siku tatu ndio walikusanyana kwenda kuangalia ile zahanati na ilikuwa chafu mno, maji machafu yalikuwa yametapakaa kila mahali. Hata hiyo *theater* iliyo hapo inahatarisha maisha na Wizara hiyo ya Afya iko tu imekaa ikijilimbikizia fedha kwa kila mgao; hospitali kama hizo hazistahili kupewa leseni ya kufanya hiyo kazi.

Wizara ya Afya imelegea, kwa nini zahanati za kibinafsi zihudumie watu bila vibali? Daktari nilimuuliza uko na kibali cha kuendesha hii zahanati maanake umeuwa huyu msichana, alisema ameendasha hiyo zahanati kwa miaka kumi bila kibali na tuko na Wizara ya Afya. Kunafaywa nini katika hiyo wizara na hospitali zetu hazina *nets*...

The Speaker (Hon. Mwambire): Mheshimiwa, kwa kukusaidia mahali ile inaitwa Idara kwa sababu Wizara ni *Ministry*, Idara ni *Department* yetu kwa gatu ni Idara.

Hon. (Ms.) Mapenzi: Asante, mheshimiwa Spika, hiyo Idara imelala. Vile vile, tunaambiwa kuna uwekezaji wa *data* ambao wagonjwa wanapoenda *data* ile inawekwa kwa njia ya ki *eletronic* na baadhi ya hizo hospitali zilipatikana kuwa hivyo vidumbwasha haviko. Hivyo vifaa ni muhimu sana kujua ni ugavi gani wa madawa yamafanyika, tumetibu ugonjwa gani na tujue pia kama kuna ugonjwa ambao umefanana na watu wengi wameenda pale na aina hiyo ya ugonjwa ili upate kuelewa kama kuna shida katika mtaa huo au kama ni *outbreak*.

Hapo kwa ukosefu wa *data* ndipo wizi wa madawa unafanyika; madawa yanachukuliwa katika zahanati zetu na kupelekwa katika zahanati za kibinafsi. Ninaongea kwa uchungu sana, tuko na maswala yetu lazima tuyaangalie kwa mcho mapana, sio swala la kuliangalia na macho

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haya ya sima tuweke akili zetu pamoja na tujue ni vipi tutakabiliana na Idara ya Afya ili kunyorosha hii sekta la sivyo... naongeza pendekezo moja hapa tupunguze kiwango cha fedha katika hiyo idara, kile kilicho wekwa tupeleke sekta zingine mpaka pale watakapo jitambua na kuwa tayari kurekebisha mapungufu yao.

Hon. Ngirani: Thank you, Mr. Speaker. I rise in support of the Report. I congratulate the Health Committee on their tireless job of going through our hospitals to unearth the rotten issues within our hospitals.

Mr. Speaker, we have a problem with our staff, especially in the Health Sector. Number one, there is a rampant absconding of duties and that is the reason why when the Committee on Health was going through their investigation could not find health staff in their relevant hospitals.

One thing that is contributing to the absconding of duties is that most of our doctors run private clinics and I think it is high time this county again through this honourable House draws a policy that is going to regulate staff and doctors working in our hospitals to regulate how they are going to operate their private clinics. With that, we are going to stop the absconding of duties in our public hospitals.

Another issue is the embezzlement of funds. There is rampant embezzlement in our health institutions and in that consent, embezzlement is whereby a hospital has set aside some funds maybe to purchase some materials but again that money ends up in the pockets of these staff and that is why we have these torn nets, uncleanness in the facilities and the cockroaches were found.

We can be like the Muhimbili; I did not go there but it was described by those who had the privilege of crossing the border that it is in good management. It is just discipline that contributes to such good management of institutions and that same discipline that be instilled in our hospitals so that we do a thorough overhaul of our management in these hospitals.

We give the Department of Health billions of money as hon. Elina (Mapenzi) has put it. The Department of Health is one of the departments that receive huge amounts of allocations in our budget, but it is again disappointing to see a big hospital without a CT scan, an MRI, fluoroscopy and other equipment.

When we had our first supplementary budget for 2022/2023, I remember we had a meeting with His Excellency the Governor and he had promised that he is going to purchase a CT Scan in our hospitals, especially our Kilifi Hospital but again up to now in our report there is no CT Scan in our referral hospitals; that is so disappointing and discouraging considering that we are putting a lot of money in this department.

Therefore Mr. Speaker, in conclusion, we can say that there is a need for the Department led by the CECM (County Executive Committee Member) in charge to also go through and see what is happening in these hospitals and allocate funds for important equipment not in developing other areas that are of no use, Mr. Speaker. With that, I support the Report and urge the Implementation Committee led by hon. Changawa to do a thorough implementation of this Report so that our hospitals can improve to the level of Muhimbili.

The Speaker (Hon. Mwambire): So that we are clear, hon. Changawa and his Committee are supposed to follow up on the implementation because if he does implementation then he becomes an Executive.

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Hon Brown: Asante, Bw. Spika, kwa kukuona siku ya leo maana kutoka Jumatatu nilikua sikupati mahali popote lakini siku ya leo nimeingia mzima mzima kwa Hoja ambazo tuko nazo siku ya leo. Karibu sana.

Kwanza, ningependa kuipongeza Kamati ya Afya ikiongozwa na Daktari Ziro ambaye niko naye karibu hapa. Pia, nasema hongera sana kwa kazi safi ambayo mliifanya usiku ili kuhakikisha kwamba hizi kazi zote ambazo mumezinukuu hapa tumeziona ni za manufaa. Hongera kwa ujumbe ambao tumeupata sisi wabunge ambao tuko hapa. Ni ujumbe ambao lazima tuuchukulie kwa uzito. Mheshimiwa ambaye ni Mwenyekiti wa Kamati ya Utekelezaji tungependa ufuatilie moja bada ya nyengine ili tupate manufaa katika hii Ripoti.

Ni jambo la kuhuzunisha kuona kwamba Gavana anaweza kuwa anafanya bidii ya kuhakikisha kwamba anaeka katika taratibu zote zile pesa ambazo tunaziekeleye kwa sababu ya hii Idara ya mambo ya matibabu ya hospitali lakini sisi ambao tuko chini yake kumsaidia kwa ajili utendajikazi uboreshwe ukawa na ati ati na usiwe na mazao ya kupendeza mwananchi wa Kilifi.

Mimi nahuzunishwa sana na watu ambao wanaitwa Madaktari halafu ni wazembe, halafu ndio wenye matusi halafu wao hao ndio ambao ni vichwa ngumu. Mgonjwa ni mtu ambaye ni kama amekata tamaa kwa sababu anaumwa anataka angalau apate msaada lakini ufike pale ...

The Speaker (Hon. Mwambire): There is an intervention from hon. Ziro.

Hon. Ziro: Mheshimiwa Spika, sikumfahamisha lakini katika ile Ripoti ambayo nimepeana hakuna mahali imeandikwa kuwa madaktari ni vichwa ngumu. Sasa mheshimiwa ambaye yuko kwa Sakafu aliteme hilo neno kwamba madaktari ni vichwa ngumu na ni wazembe.

Hon. Brown: Bw. Spika, nikiwa kwenye Sakafu mimi ndio ninayeelezea dondoo zangu kwa sababu gani nazungumza hivi. Mimi ni mmoja wao ambao niliathirikia katika maneno kama hayo. Nilienda na mgonjwa karibu saa saba usiku na nilipofikia pale nina ushahidi hata *Director, Chief Officer* na Waziri wanajua. Katika maelezo yangu ni haya, pengine Daktari huyu kwa sababu amepatiwa ile bima ana uwezo wa kuenda hospitali zile nzuri nzuri, haendi katika hizo hospitali za umma.

Mimi nilitembelea siku moja na nilipofika pale nilikuwa na mgonjwa anaumwa na tumbo, huyo Daktari nilikuwa nimwone alikuwa ameenda kwa *theater* kufanyia mgonjwa matibabu na alikuwa amenianzia lakini baadaye yule mwingine akasema wacha nikusaidie. Akaandika ile Ripoti, alipoandika ripoti yangu kwenye kitabu changu mwenyewe nimekinunua, alafu baada ya hapo nikamwambia bwana wewe unachelewa maana *time* hii mgonjwa anaumia kwa nini wewe unakawia? Anasema wewe bwana yule alikuwa akuhudumie, hayuko hapa, ni lazima umngoje yeye.

Nilipofika pale nikamwambia sasa Daktari, mimi nilikuwa ninakungoja wewe lakini huyu ananijibu maneno ambayo hata sio ambayo yanasatahili yafanyike. Mgonjwa anaumia pale, akasema kwamba kama wewe una haraka...akachukua kitabu changu na ile karatasi ripoti alikuwa ameandika akapasua na akakata kata akaweka kwenye *dustbin*, akabwaga pale.

Nilisikia vibaya sana, Spika. Mpaka wakati huo huo niliendea simu yangu ilikuwa imezimika, hapa hapa hospitali yetu kuu, nikaenda pale kwenye tarakilishi na ile *wire* yangu ya kuweka kwa simu kwenye ile *computer* mpaka watu wakashangaa. Kwani huyu anaondoa wale watu pale kama nani? Nikaweka simu yangu na nikampigia Waziri. Waziri akampigia *Director*, akaenda huyo mwana dada akawa *summoned* na kulikuwa na mkutano.

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Waheshimwa, hata kama tutapata bima za matibabu ni haki yetu tutembelee zile hospitali wakati wowote, saa yeyote ili tupate matibabu pale na kuhakikisha kwamba utaratibu na heshima ya watu wetu wanapata namna gani. Hilo ni jambo ambalo nilipata pale bwana Daktari hata kama utaniambia mimi nitoe kwa sababu nimezungumza hayo ni matusi mimi nitatoa haina shida kwa sababu ya taratibu za Bunge lakini hilo ndilo jambo lilo fanyika.

Hii si kichwa ngumu, haya si matusi, mimi ninaomba mbele ya hii Bunge mimi sitoi. Bw. Spika, nina kataa kutoa maana mimi hata ukinipeleka kwa Waziri nina ushahidi. Bwana Daktari, sitatoa kwa sababu yalionitendekeza ni dhahiri kabisa yarekebishwe.

The Speaker (Hon. Mwambire): Daktari alitaka ufafanuzi na ukikosa kufafanua utoe, na umefafanua sasa Daktari anauliza tena, sijui anauliza gani, tumskie tu.

Hon. Ziro: Kuuliza, mheshimiwa Spika, ni kwamba saa hii tuko hapa tuna jadili Hoja ya hii Ripoti, yale malalamishi ambayo yuko nayo mheshimiwa ni vizuri ayaleta kwa Kamati kwa sababu saa hii tuko katika mjadala muhimu sana, na kila mheshimiwa hapa ako na ushuhuda wake ambao anaweza kupeana. Kwa hivyo, ningependa atuambie kama ana unga mkono ama haungi mkono. Zile lalama ambazo ako nazo azilete kwa Kamati tuzishughulikie kama zile ambazo zilikuja tukazishughulikia.

The Speaker (Hon. Mwambire): Endelea, mheshimiwa Brown.

Hon. Brown: Kulingana na hilo wacha nitoe, haina shida wacha nitoe. Mimi nina iunga kwa dhati kama ilivyo anza.

Jambo liline ningependa kuzungumzia ni mambo ya wizi; hizi dawa hata kama zinatumiwa, daktari ako na hospitali yake, hapa kuna udhahiri kabisa kuna wizi huenda ukafanyika. Namuunga mkono mheshimiwa Ngirani alivyozungumza kwamba ni lazima tuhakikishiwe kwamba kutakuwa na utaratibu wa kuonyesha kwamba upekuzi utafanywa kwa ajili ya mambo haya.

Jambo linguine, ningependa kuisitiza hapa katika hii Ripoti yao nashukuri sana kwa sababu amezungumza kuhusu uchafu, haya wewe ni daktari halafu uko mazingira machafu. Mimi nimekuwa Mwenyekiti wa hospitali nyingine ya KEMRI (*Kenya Medical Research Institute*) kule Mtwapa ya CBO (*Community Based Organization*). Mimi nilikuwa nikifika pale ni naweza kushika *duster* na kinaanza kufuta futa kwa sababu ninaona mahali ni pachafu. Yule mhudumu akiingia pale, kawaida ya sheria ya udaktari, *Nurse* yeyote ana fursa ya kusafisha sehemu zake kabla hajaanza kazi, lakini ukifika pale ni ma *boss*. Wanafanya kuambizana, wewe nenda pale, nenda pale, hali kama hizi ni lazima ziwekewe mikakati ya kuhakikisha kwamba hospitali zetu zitakuwa na udhalimu.

La mwisho, kuna haja kubwa sana ya Bunge letu hili liungane na Serikali Kuu kwa minajili ya kuhakikisha kwamba hizo hospitali tunaziboresha mara moja kwa mia na tumalize hii hesabuu maana Bunge hili na kaunti yetu hii ina uwezo wa kufanya mambo haya. Tusiwe kila mara tunafanya hivi, tuje tukijiaibisha tu hapa kuzungumza swala hilo moja moja, haitawezekana.

Ununuzi wa vifaa, Kilifi yetu haina uwezo? uwezo uko! Ununuzi wa madawa, Kilifi yetu haina uwezo? Uwezo uko! Bajeti gani tuliambiwa tuiptishe kwa sababu ya mahospitali iletwe hiyo bajeti tuiptishe na tuhakikishe kwamba hospitali zetu zitakuwa katika mikono salama.

Mimi, Bw. Spika, nashukuri sana. Nawapa kongole sana kwa ujumbe ambao umekuja na hii Ripoti siku ya leo. Naamini wale watekelezaji, mheshimiwa Changawa naona hayuko kwa Bunge ametoka, lakini muhakikishe kwamba mutaifwatilia na tuko nyuma yenu. Asanteni sana

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kwa hiyo Hoja. Nina iunga mkono Bw. Daktari Zia na Ziro na hiyo Kamati pia Mungu awa bariki sana.

The Speaker (Hon. Mwambire): Mheshimiwa Zia anasema yeye ni daktari wa majanga kwa sababu kuna mengi anayofanya ambayo hufanya watu wakapona kama vile mheshimiwa Chengo ameeleza. Yes, mheshimiwa Zia.

Hon. Zia: Asante sana, mheshimiwa Spika, kwa kunipa hii fursa na kuwashukuru watu wa Adu kwa kunileta hapa mahali ili kuweza kutoa hoja zangu kuwakilisha Kilifi Kaunti nzima kwa ile Kamati ya Majanga. Hili mnataka kuniletea ni janga sasa. Naunga mkono Ripoti ambayo imeweza kuletwa na mheshimiwa Mwenyekiti Dr. Ziro. Mungu akujalie kwa sababu umeweka wazi jinsi vile ambavyo hii Idara ya Afya iko ndani ya hii Kilifi Kaunti. Yale ambayo huwa mara nyingi tunasikia baadhi ya viongozi wengine wakisema kwamba madawa yako, wauguzi wako wengi lakini taswira kamili ni kwamba kumbe kuna mapungufu makubwa sana

Katika hii Idara, mheshimiwa Spika, ni kwamba sisi hapa tumekuwa tukipitisha hii bajeti na tukiona kwamba itakuwa na ubora fulani lakini ambacho kiko kimekuwa sasa ni kinaya, iko tofauti kabisa. Ina nishangaza na inashangaza wana Kilifi kwa sababu hata saa hii vile ambavyo tulikuwa pale Magarini jana, tulipata hoja tofauti tofauti kutoka kwa wananchi wa Kilifi wakilalamika kwamba hakuna madawa na si kwamba walikuwa wanadanganya. Kwa kweli, madawa ndani ya hii Kilifi hakuna kabisa na tukiangalia hivi sisi tunapitisha bajeti hapa. Saa hii hata ukiangalia hii bajeti ambayo iko hapa, ni kwamba imetengewa pesa nyingi sana hii Idara lakini bado. Sijui kama ni utepetevu wa mahali fulani. Ni lazima kuwe na mpangilio maalum ndani ya hii Bunge na hata nje ya hii Bunge. Ili hii Idara, kila mmoja ahusike kikamilifu kama mfanyaji kazi wa Kilifi Kaunti, kwa sababu wao kama ni madaktari kama ni wale wauguzi wengine wao wako na majukumu yao.

Chenye tumepata ni kwamba wale ambao waliweza kupata nafasi ya kuenda kule Tanzania na chenye walikisema kulingana na ile hospitali ya kule, wewe unaelezewa kwamba hapa tulikua tunaongea kidogo na mwenzangu mheshimiwa wa Bamba anasema alifika katika ile hospitali kuingia pale anakaribishwa vizuri na hata pia ukikaa kama hivi daktari huku kuna mwanadada Daktari anakupapasa; anakwambia tulia yaani wewe ni mgonjwa kweli na hata ametoa mfano ni kama alipapaswa kidogo mheshimiwa Elina Mapenzi venye yuko lile umbo...

(Laughter)

Mheshimiwa Spika, lazima tuweze kuleta hadhi nzuri katika...

(Hon. Mae stood on a Point of Order)

Hon. Mae: Mheshimiwa Spika, mheshimiwa Zia amezungumza vizuri akasema anajivunia watu wa Adu kumleta hapa, kwa hivyo kila Hoja unayoepana hapa ujuwe kwamba wale watu wa Adu pia wanakuangalia, sasa haya maneno unayozungumza je, wao wanajivunia kuwa wewe uko hapa? Tafadhali tuheshimu hii Bunge. Asante.

The Speaker (Hon. Mwambire): Endelea, mheshimiwa Zia.

Hon. Zia: Asante. Amekosa kunielewa unajua kila mmoja anakuelewa kwake. Kwa hivyo, mheshimiwa Spika, mimi niko pale pale kusema kwamba huduma ambazo zinastahili kupewa wagonjwa ni ziwe za hali ya juu. Nasikitika sana jinsi ambavyo mheshimiwa Brown

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alivyohudumiwa na imemuudhi sana. Na si huyo tu peke yake, kuna lalama nyingi ambazo tumeweza kuzishuhudia hata mimi pia binafsi nishawahi kutembelea hata hii Malindi *Sub-County Hospital*.

Pale ukifika, ile huduma iko chini sana; naongelea hii na niko na ushahidi. Nilienda pale tu nimevaa kikawaida, nimevaa kinyasa na *t-shirt* na nilipokua pale nikizunguka niliona wahudumu jinsi wanavyo wahudumia wale wagonjwa pale. Kuna wengine ilibidi ningilie ikabidi nikawaambia kwamba mgonjwa amekuja hapo saa mbili wengine wamerauka kwa sababu ile inabeba watu kutoka sehemu mbali mbali za hapa Malindi na sehemu ile ya kule Magarini na hatimaye sehemu ile ya Tana River huwa wanakuja pale Malindi *Sub-County Hospital*. Lakini, kile tulikiona pale, mgonjwa anakaa masaa ya kuhesabu hajahudumiwa.

Niliona kuna mgonjwa amevunjika lakini amekaa hapo kutoka saa nne imefika saa kumi na moja za jioni mpaka nikauliza, huyu mwengine anasema ameenda *shift* atakuja baadaye tunangojea daktari mwengine. Hii *shift* ambayo inafanywa mabadiliko huwa huyo daktari awe ameripoti kwanza ndio kama kumpatia yeye anaondoka kabla hayo masaa ameenda na hakuna *replacement*. Nilizungumza hata na *Chief Officer* kwa jina Mlewa nikamwambia hiki kitendo ambacho kinafanyika hapa ni lazima kuwe kuna marekebisho. Ikafanyika mara nyingine hata mgonjwa aliyekuwa anauguwa alipigwa kofi, tukaingilia kati katika hii Malindi *Sub-County Hospital*.

Lazima tuweze kuona kuna njia gani na hii Kamati ya *Implementation*, mimi nikiwa ni mmoja wao tutahakikisha kwamba tunasukuma serikali ambayo iko ndani ya mamlaka itekeleze wajibu wao ambao unastahili kwa mwananchi wa Kilifi, ili waweze kupata huduma ambayo inafaa zaidi. Kwenu na kwangu, Mungu awabariki na mimi naunga mkono hii Ripoti venye imeletwa ndiyo taswira kamili ilivyo hapa ndani ya kilifi Kaunti. Asanteni sana.

The Speaker (Hon. Mwambire): Hon. Members, there are a number of Members who want to make contributions and looking at the time, we have almost exhausted the time which was reserved for the Motion. So, for those Members, I will be giving an opportunity, please try as much as you can to condense your presentation so that it can be about two minutes or so so that others can also get an opportunity. I think it is very important for those who want to make contributions to make their contributions because this is a very serious Report that we should not take lightly. So, hon. Mkumbi (Mariam), please.

Hon. Mariam: Asante sana, Bw. Spika, kwa fursa hii. Nami naungana mkono na wenzangu kuipa pongezi Kamati ya Afya kwa kazi nzuri walioifanya. Kuna maswala ambayo yamejitokeza ambayo Kamati iliyaona pale Rabai na hayo ndio maswala ambayo nimesimama kuyazungumzia. Kuna swala nyeti la ardhi ambalo limejitokeza pale katika ile hospitali. Hii i hospitali ambayo ilianza kitambo sana maanake ilianza kama *dispensary* mpaka ikapandishwa *grade* sasa imekuwa ya *Sub-County* na la kushangaza ni kuwa hawana hati miliki ya ile ardhi ambayo hiyo hospitali iko.

Sasa hilo ni swala na katika *recommendation* pengine sikufuatilia vizuri sikuona kama hiyo *recommendation* ina uzito gani kusukuma hili swala la hati miliki. Jambo lingine Bw. Spika, unaona sisi kama Rabai tulisukumana na Rabai *power* na wakatujengea pale *maternity* kwa sababu kulikuwa na shida ya kina mama wakati wa kujifunguwa. Lakini, la kushangaza *maternity* hii ndio sasa imegeuzwa kuwa ni wadi ya kina mama na watoto kama sikosei kama vile Mwenyekiti alivyo zungumza.

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Halafu kuna swala moja ambalo limenitamausha kabisa, ni kuhusiana na malipo pale katika ile hospitali. Ile hospitali iko na *account* lakini unashangaa kuwa waginjwa wanalazimishwa kulipa kwa wakala wa KCB (*Kenya Commercial Bank*) ambaye ni mtu binafsi na hapa sasa ndio niko na swali la kuwa je, ni kuwa pesa ya wananchi inapotea kwa sababu kama kuna *account*, kwa nini walazimishwe kulipa kupitia kwa wakala wa kibinafsi.

Nafikiri nimeona pia Kamati iliweza kuzungumza na huyu wakala japo kuwa hapa hawakueleza kwa upana ni mambo gani yalijitokeza pale na nafikiri ni swala ambalo kama Kamati mbayo itasukuma *Implementation Committee* ambayo mimi ni Mwenyekiti mdogo, hili ni swala ambalo mpaka tuliiangalie kwa undani sana kwa sababu maisha ni magumu na mtu ikiwa amejizatiti na amelipa fedha na ile fedha yake inapotea haiji. Na hapo hapo chini ukaona hiyo hiyo *facility* inashindwa hata kununua hizi dawa za kufanyia usafi ilhali kuna pesa inaingia kwa wakala. Sasa nafikiri maswala haya naona ni muhimu sana na katika utakelezaji yatakuwa yamejitokeza vizuri na tutakuwa tunafatilia kivi. Asante, Bw. Spika.

Hon. Kubo: Asante, mheshimiwa Spika, kwa nafasi hii. Nataka kupongeza Mwenyekiti wa hii Kamati pamoja na wana Kamati kwa kazi njema walioweza kufanya.

Mheshimiwa Spika, ningependa tunyamaze kwa muda wa dakika kukumbuka wale waliopoteza maisha kwa hii hali katika wadi yangu.

(Hon. Members observed a minute of silence)

Asante. Mheshimiwa Spika, hii Ripoti ni ya maana sana na nimeipitia. Unajua nimeongea hivyo na sababu yake. Hapa Bunge nisingekuja kama si hali ya kusaidia wagonjwa. Katika Wadi yangu, mimi nimesaidia wagonjwa sana na hiyo ni baadhi ya mambo yaliochangia mpaka nikachaguliwa. Kwa hivyo, mambo ya hospitali nayaelewa sana.

Mheshimiwa Spika, kwa wiki moja naweza saidia wagonjwa zaidi ya kumi kuwapeleka hospitali na hata wakati huu bado nawapeleka. Kwa hivyo, hii Ripoti ni muhimu sana na nilitaka sana kuchangia. Katika hizi hospitali zetu haswa Mariakani, Kilifi, Jibana na Rabai hizo huwa naenda sana kupeleka wagonjwa.

Ripoti ambayo imeandikwa hapa ni kweli, tuko na shida kubwa na ningepitia hii Kamati ya Utekelezaji ihakikishe vile malalamishi yameandikwa hapa yanafanywa. Mheshimiwa Spika, kuna kitu kimoja ambacho nimepitia nikaona hakikugusiwa. Na ningepitia kama kitawezekana pia kiongezewe kwa zile *recommendations*. Mheshimiwa Spika, mara nyingi wale ambao wanafanya kazi kwa hizi hospitali wako na hospitali zao kule nje. Wako na *clinics*, wengine wako na *chemist*.

Inafikia pia kungewekwa sheria kwamba mtu yoyote ambaye anafanya kazi katika hizi hospitali zetu za Kilifi, asiwe na *clinic* yake nje. Ingewekwa kama moja ya *recommendations* maana mara nyingi utapata ukienda hospitali kupeleka mgonjwa unaambiwa mashini za kuangalia ugonjwa fulani hazifanyi kazi, unatumwa kwenda kufanya kule nje. Kule ambako anakutuma ni kwa hospitali yake kule nje ili ile pesa ambayo ingeingia hapa kwa kaunti yetu unaenda kupeana pale. Mheshimiwa Spika, huo ni ukora ambao kama wangeweza kusukumwa wasifanya hivyo. Mtu aamue kama atafanya kwa Serikali yetu ama atafanya kwake kule nje. Kwa hivyo, Mheshimiwa Spika, ningepitia kama itawezekana iongezewe hapo.

Jambo lengine, Mheshimiwa Spika, kuna hospitali kama Kilifi. Kilifi ni *Referral Hospital* ambayo inafaa iwe na vifaa vyote. Lakini, utapata kuna kifaa muhimu kama *CT scan* hakuna.

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Sijui hii Kamati kama ilitembelea mpaka vyumba vya kuhifadhi maiti. Kuna hii ya Kilifi iko na barafu katika yale masanduku yake ya kuhifadhi mwili, lakini hiyo hifadhi yenyewe kule wanafanya kazi hakuna baridi. Hiyo pia ingeangaziwa ili kila kitu kiwe sawa. Kwa sababu ya masaa niko na mengi ya kuongea lakini acha nimalizie hapa. Nimeshukuru sana kwa nafasi hii ambayo nilikuwa nimeingojea sana.

(Hon. Mumba stood on a Point of Order)

The Leader of Minority (Hon. Mumba): Naomba tu ufafanuzi anasema kwenye wafanyikazi hakuna baridi alikuwa anataka washikwe na baridi wakauke ama ni kiyoyozi anachozungumzia?

Hon. Kubo: Asante sana. Katika *fridge* zile zina baridi za kuweka miili lakini wale wafanyikazi wenyewe ile sehemu nyengine hakuna iyo baridi. Asante.

The Speaker (Hon. Mwambire): Sawa huyu amemaliza, acha twende kwa mheshimiwa Tete.

Hon. Tete: Asante, mheshimiwa Spika. Kwanza, nichukue nafasi hii kupeana changizo zangu kwa Kamati ya Afya kwa kazi njema ambayo waliifanya ya kuingia katika hospitali zetu kwa kufanya utafiti wa kujua yanayoendelea.

Mheshimiwa Spika, mimi pia nasimama kusema ya kwamba wahudumu wa afya ni wazembe na ni wajeuri. Haya nayazungumza kwa ushahidi ili ikiwa kuna mahali wanaweza kujirekebisha wafanye hivyo. Wasipoweza kujirekebisha, serikali yetu ya gatuzi ichukue hatua juu yao.

Ni juzi tu, mheshimiwa Spika, nilitoka hapa mapema nikielekea Mtwapa, bahati mbaya ama nzuri nikipita hapo mida nikapata mwana bodaboda amebeba mama na mtoto. Yule mama akaomba kushukishwa na alianguka na alikuwa na mtoto wa miezi minne. Sasa ile hali ilinifanya nikarudi nyuma maana nilikuwa nishapita ili nijue nini inaendelea. Nilipata yule mama amepindwa na mshipa na yule aliyekuwa amembeba alikuwa ni bwanake. Alikuwa amechanganyikiwa nikaomba kumbeba ili nimsaidie kumfikisha hospitali.

Nilipewa yule mama, tukafika hospitali ya Matsangoni. Ilikuwa masaa ya jioni saa kumi na moja na nilipoingia pale kwa *gate* mhudumu aliyekuweko hapo ama kama ana kitengo gani lakini nilienda naye kufika ndani hakuna mhudumu. Huyu alituona vizuri tukiingia na gari ishara ya kwamba tuko kwa *emergency*. Mheshimiwa Spika, hakutushughulikia. Nilienda kuchukua *wheelchair* nikaweka yule mama tukamsukuma pamoja na bwanake. Hakukuwa na mtu anayetuosongelea. Ghafla, kukatokezea mwanamume akasema mna shida gani? Nikamwambia, tunataka hudumu za matibabu akasema wahudumu wametoka, mmoja yuko huko nje. Nikauliza shida ni nini? Akasema, ameenda nje sijui anafanya nini wacha nimpigie simu. Alipopigiwa simu, akasema anapata kikombe cha uji nikimaliza naja.

Mheshimiwa Spika, nilitatizika akili maana yule mgonjwa alikuwa hali mbaya. Yale mapokezi ya maneno tunayopewa hayafanani na ile dharura tulio nayo. Nilitoka nikamfuata yule mhudumu na tulisemezana tu sana. Nilimwambia mhudumu hukuona tukiingia? Akasema kwa hivyo kama mnaingia? Tunahitaji huduma zako. Unaona nimeshika nini hapa? Mpaka nimalize hiki kikombe. Nilishangaa nikamwambia ninakuhitaji kule ndani tena ikiwezekana haraka iwezekanavyo. Unakunywa uji hunywi uji, nakutaka huku ndani. Sasa kwa kugaflika akasema isiwe tatizo, naja. Ni mhudumu huyo ujue. Na nilipoondoka dakika chache akaja. Alipoona yule

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mgonjwa alisema ilianza lini hii? Nikasema imemuanza leo lakini huu ugonjwa sio wa leo. Tukamwambia tunataka umtibu kwanza alafu mengine yafwate.

Yale majibu tuliyoyapata, Mheshimiwa Spika, sio mazuri. Tunaweza kuwa tumepoteza wapendwa wetu wengi kwa hii dharau ambayo tunaonyeshwa hospitalini. Yule dada pamoja na bwanake walisema hata pesa tulizo nazo hazitoshi. Nilisimama pale nione wamepata hudumu ikishindikana nione vile nitawasaidia. Uzuri huwa nasema mgala muue na haki yake uumpe. Yote yaliofanyika dawa zilikuwa zimsaidie huyu dada zilipatikana. Lakini huduma ni mbaya. Kwa hivyo, ninataka kukubalina na mheshimiwa Brown Safari ya kwamba yale ambayo Madaktari wetu wanatufanyia katika hospitali zetu ambazo wananchi wanalipa ushuru ili wao wajihesabu kuwa kazini, haki yao hawaipati.

Mimi nasema hivi, kila bajeti ikija hususan ni ya upande wa afya, iko na kiwango kikubwa kizuri cha kwamba watu wetu wawe wanapata huduma za kisawasawa. *Agenda* mojayapo ya mstahiki Gavana ni Afya kwanza. Ni nini hiki ambacho kinafanya watu wetu wanapoteza uhai na pesa tunaziekeza pale za kwamba watu wasaidike lakini pale pale pamoja na kuithamini sekta ama *Department* hii bado watu wetu wanaumia.

Mimi ningeongea mengi kwa sababu nimeyaona pale Mtwapa. Hospitali yangu pale haina maji wala stima lakini ingekuwa ni matembezi ya kwamba siku fulani naja, hawangeyaona hawa yale yote ambayo wameyaandika. Maanake zile pesa zinafanya kazi kwa mtindo si kwamba hazifanyi kazi. Kuna mfumo fulani ambao utakuja onyeshwa kwamba zile pesa ambazo mulizitoa ndiyo haya ambayo unaona lakini mukienda gafla mutashangaa; Ndio maana mulienda mukaona neti ni mbovu, *fumigation* haifanywi, lakini kama ingejulikana hata kama ni Gavana anaenda, taratibu ni zengine.

Tunahitaji utendaji kazi wa kujitolea, wa kuthamini watu wetu na ile kazi tuliyopewa tujue tuna *serve* kina nani ni binadamu si wanyama. Mheshimiwa Spika, *imagine* Daktari mwenye mfugo wake hata kama ni mbwa kwake ni msafi kuliko vile anahudumia binadamu mwenzake; hatungependa iwe hivyo. Ile *Committee* ya *Implementation*, naona mna kazi ya kufanya, ama mtupe nafasi tupige msasa kile ambacho Gavana anakisema kifanyike kianze kufanyika. Asante, Bw. Spika.

The Speaker (Hon. Mwambire): Hon. Sidi.

Hon. (Ms.) Sidi: Thank you, Mr. Speaker. First, I want to congratulate the Committee for the good work they did. Although I have a few reservations about their recommendations, seeing that they even went to Dar-es-Salaam, I would have expected the resolution to match what they saw in Dar-es-Salaam. If we look at Malindi Sub-County Hospital, the Committee cited that there was a lack of beds, the state of cleanliness was bad, no nurses, the state of the maternity wing was a problem, no medicine and title deeds.

When we checked on the Committee recommendations, Mr. Speaker, to my amusement, in Malindi Sub-County Hospital, this Committee had only three recommendations. How do these eleven findings only address three recommendations? My urge to the Chairperson is that you need to go through these recommendations and check through them.

If you go back to the Malindi Sub-County Hospital number nine, on the Shakahola issues, the Committee noted that the bodies of the victims that were being stored at the morgue together with the funding to support the DNA testing was done at the expense of the facility which had greatly affected revenue generated by the hospital. Maybe through the Chairperson, you can tell us. I think the storage containers were not using electricity and they were being funded by the

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National Government. Chairperson, even if we go to your recommendations here, recommendation number three, you said the Department should engage the Ministry of Health.

The Speaker (Hon. Mwambire): You address the Speaker, not the Chairperson.

Hon. (Ms.) Sidi: Sorry, Mr. Speaker, you said the Committee should engage the Ministry of Health to ensure the health is compensated for the cost incurred for the preservation of bodies for the Shakahola victims. Can the Committee confirm how much has been spent so far so that we can know the way forward?

Mr. Speaker, a lot has been said in this honourable House and I feel that generally, every Member who is standing here would probably need to have a whole House Committee with the *Waziri* for Health. The outcry here from every Member is there is something wrong considering the amount of money we are giving to this Department. It is also very clear that the Chief Officer in charge is overwhelmed by the responsibilities.

I urge the Executive Committee to consider restructuring the Department of Health so that we have two divisions, one in charge of Medical Services and the other one in charge of Public Health. This one is very key; I remember we vetted an Officer for this particular position. The other recommendation the Committee can add is that let the CECM for Health come for the whole House so that every Member can put forth their issues so that going forward with the new budget, there can be more improvement in the Department of Health. I stand to support this document. Thank you.

The Speaker (Hon. Mwambire): Yes, allow me to call the Mover to respond.

Hon. Ziro: Thank you, Mr. Speaker. Again, I would like to thank Hon. Members for their support in this Motion. I believe these recommendations will lead us to the improvement of our health facilities, especially our level four hospitals which we visited. We have noted the issues which Members have raised, sorry for Hon. Morgan (Kubo) who requested for one minute to mourn the dead, I do not know whether it was because...he did not clarify but I think it is because of the poor status of our health facilities.

Secondly, maybe what I would like to say Hon. Members is that, for the budget this is for Hon. Mapenzi, reducing the budget for health facilities will lead us to more problems than solving a solution. We should aim at increasing the budget allocation to reach the level of Muhimbili Hospital. It cannot be done without funds. We need to increase the budget so that these things can be done within a short time.

For hon. Sidi, I think for the CECM to appear before the General Oversight Committee, the Hon. Speaker will lead us on that, I also believe it is important because of the outcry of the Hon. Members. The House has indeed passed a budget, for now, I think this is the second year and we are also close to passing another budget. I also seek guidance from you Hon. Speaker, if possible, for the CECM to appear before the Committee of General Oversight to highlight why our health facilities are in the state that we have discussed, give us a way forward and tell us why we should increase the budget allocation for the Department of Health.

Lastly, I want to say sorry to the Hon. Members who were mistreated at various health facilities. I believe by implementing this Report so many things will change because I think in this Report, we have a sector whereby we are also increasing; it indicates the Department should increase or hire more health professionals, which means there will be no shortage of staff if we have basic investigations that will lead to improved health services to the people of Kilifi.

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Thank you, Members, for your support of this Motion. I call upon the Committee on Implementation to give it priority so that in the next six or so months we have a changed Department of Health.

(Question put and agreed to)

COMMUNICATION FROM THE CHAIR

GUIDANCE ON ENGAGING THE CECM HEALTH SERVICES IN THE GENERAL OVERSIGHT COMMITTEE

The Speaker (Hon. Mwambire): Hon. Ziro the Chairperson of the Health Service Committee, has requested that I give guidance on whether the CECM for Health should come for the Committee on General Oversight, but if you look at what we had before us was a Motion to adopt the Report and the Report had recommendations. It will be unprocedural at this point to use this Report to call him to the Committee on General Oversight because the recommendations have timelines that were well stated, and we have adopted them. So, unless you bring another Motion that requires him to be called, we will be able to do that, but not using this Motion.

COMMITTEE OF THE WHOLE HOUSE

(Order for the committee read)

[The Speaker (Hon. Mwambire) left the Chair]

IN THE COMMITTEE

[The Temporary Chairperson Hon. (Ms.) Sidi took the Chair]

THE KILIFI COUNTY INSPECTORATE SERVICES BILL, 2024

The Temporary Chairperson (Hon. (Ms.) Sidi): Welcome to the Committee of the Whole House. In this Committee, the rules are relaxed. Just to remind the Members, this is The Kilifi County Inspectorate Services Bill, 2024.

(Clauses 3, 4, 5,6,7,8 and 9 agreed to)

Clause 10

Hon. Zia: Thank you, Madam Chairperson. I beg to move:

THAT, Clause 10 be amended by deleting the phrase "holds any relevant degree from a university recognized in Kenya", and replacing it therefore with the words "possess a Master's Degree in Security Management, Criminology or any other relevant related Social Science Master's Degree from a recognized university in Kenya."

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Adding a new Clause (c) with the words" Possess a Bachelor's Degree in Security Management, Criminology or any other relevant Bachelor's Degree from a recognized University in Kenya. Renumbering the Sub-Clauses (d), (e) and (f) accordingly.

(Question of the amendment proposed)

(Question, that the words to be left out be left out, put and agreed to)

(Question, that the words to be inserted in place thereof be inserted, put and agreed to)

(Clause 10 as amended agreed to)

(Clause 11 and 12 agreed to)

(Clauses 14,15,16,17,18,19,20,21,22,23,24 and 25agrrd to)

Clause 26

Hon. Zia: Thank you, Madam Chairperson. I beg to move:

THAT, Clause 26 (h) be amended by deleting the words “Judicial Service Commission” and replacing it with the “Judiciary”.

(Question of the amendment proposed)

(Question, that the words to be left out be left out, put and agreed to)

(Question, that the words to be inserted in place thereof be inserted, put and agreed to)

(Clause 26 as amended agreed to)

(Clauses 27,28,29,30,31,32,33,34,35,36,37,38,39,40 and 41 agreed to)

(Schedule 1, 2 and 3 agreed to)

Clause 2

Hon. Zia: Thank you, Madam Chairperson. I beg to move:

THAT, the phrase commandant appearing in interpretation Clause 2 be amended by deleting the words “also and Director” and replacing them with the word “a person”.

(Question of the amendment proposed)

(Question, that the words to be left out be left out, put and agreed to)

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(Question, that the words to be inserted in place thereof be inserted, put and agreed to)

(Clause 2 as amended agreed to)

(The Long Title agreed to)

(Clause 1 agreed to)

The Temporary Chairperson (Hon. (Ms.) Sidi): Thank you, hon. Members for your cooperation. We are through with the Committee of the Whole House. We want to invite the Mover.

Hon. Zia: Thank you, Madam Chairperson. I beg to move that the Committee do report to the House its consideration of the Kilifi County Inspectorate Service Bill, 2024 and its approval thereof with amendments. Thank you.

(Question Proposed)

(Question put and agreed to)

(The House resumed)

[The Speaker (Hon. Mwambire) in the chair]

REPORT AND THIRD READING

THE KILIFI COUNTY INSPECTORATE SERVICES BILL, 2024

The Speaker (Hon. Mwambire): Take your positions.

Hon. (Ms.) Sidi: Thank you, Mr. Speaker. I beg to report that the Committee of the whole House has considered the Kilifi County Inspectorate Service Bill, 2014 and approved the same with amendments.

Hon. Zia: Thank you, hon. Speaker. I beg to move that the House do agree with the Committee in the said report. I call upon hon. Mariam Mkumbi to second.

(Hon. (Ms.) Mariam second)

(Question proposed)

(Question put and agreed to)

Hon. Zia: Thank you, hon. Speaker. I beg to move that the Kilifi County Inspectorate Service Bill, 2014 be now read a Third Time and I call upon hon. Mariam Mkumbi to second.

(Hon. (Ms.) Mariam second)

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(Question proposed)

(Question put and agreed to)

(The Bill was accordingly read the Third Time and passed)

COMMUNICATIONS FROM THE CHAIR

ADJOURNMENT OF THE HOUSE FOR LONG RECESS

The Speaker (Hon. Mwambire): Hon. Members, if you are aware of the Calendar of the House, you know that today we are supposed to go for a month's recess. Let it go on record and it is supposed to be:

THAT, Pursuant to the provisions of Standing Order 25(3) relating to the Calendar of the County Assembly and the resolution of the House on Monday, 13th day of February 2024, I notify that upon the rise of the House at the appointed time today, regular sittings will resume on Monday the 10th of June 2024 at 2.30 p.m.

We are going on recess until then.

LAUNCH OF THE COUNTY ASSEMBLY OF KILIFI STRATEGIC PLAN 2024-2028

Tomorrow we shall be having a very big function for the launch of the Strategic Plan for the County Assembly. I wish you all the best. The programme was shared on the group.

ADJOURNMENT

The Speaker (Hon. Mwambire): The House now stands adjourned as communicated.

The House rose at 4:34 p.m.

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