



**REPUBLIC OF KENYA**

**COUNTY ASSEMBLY OF KILIFI**

**SECOND ASSEMBLY – FOURTH SESSION**

**THE HANSARD**

**Wednesday, 5<sup>th</sup> August 2020**

*The House met at the County Assembly Chamber,  
Malindi Town, at 11.00 a.m.*

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

**PRAYERS**

**STATEMENTS**

**The Speaker** (Hon. Kahindi): Are these the two Statements that I signed today?

**Clerk- at- the Table:** Yes.

**STALLED AND ABANDONED GANZE CAMP-BARAKA ECD WATER PROJECT**

**Hon. Chengo:** Thank you Mr. Speaker, Sir. I want to read a Statement to the CECM (County Executive Committee Member) in charge of the Department of Water, Environment, Natural Resources and Solid Waste Management through the Chairperson; Water, Environment, Natural Resources and Solid Waste Management Committee on Ganze Camp-Baraka ECD water project for the financial year 2017/2018:-

Whether the County Executive Committee Member (CECM) in charge of Water, Environment, Natural Resources and Solid Waste Management is aware that Ganze Camp-Baraka ECD water project budgeted in the financial year 2017/2018 at a cost of five million shillings has stalled and the contractor has abandoned site.

If yes, what has led to the delay in completion and what measures is the CECM taking to ensure that the project is complete?

**STALLED JILA AND KACHOCHORONI SEPTIC TANK PROJECTS**

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I also have another Statement to the Department of Health Services. This Statement goes to the CECM in charge of Health Services through the Chairperson Committee of Health Services on stalled septic tanks projects:-

Whether the CECM in charge of Health Services is aware that Jila septic tank and Kachochoroni septic tank projects budgeted in the financial year 2016/2017 are not yet complete hence denying the residents their rights to use the facilities.

If yes, what has delayed their completion and what measure is the CECM taking to ensure that the project is complete? Thank you Mr. Speaker, Sir.

#### INCOMPLETE CONSTRUCTION OF GARITHE DISPENSARY PROJECT

**The Speaker** (Hon. Kahindi): Thank you. Next order! Chairperson Health Services Committee hon. Thaura, anybody who has been delegated to give the Response?

**Hon. Chengo:** We have the Vice-Chairperson.

**The Speaker** (Hon. Kahindi): Vice-Chairperson Health, you have the Responses?

**Hon. (Ms.) Maneno:** I have not been notified but I will read them.

**The Speaker** (Hon. Kahindi): Okay, proceed. What was the question and what is the Response?

**Hon. (Ms.) Maneno:** Thank you Mr. Speaker, Sir. Before I proceed with the Response, allow me to read the Statement raised by hon. Albert Kiraga to the County Executive Committee Member in charge of Health Services through the Chairperson Health Services Committee, Garithe Dispensary:-

Whether the County Executive Committee Member (CECM) in-charge of Health Services is aware that Garithe Dispensary, a project budgeted for and initiated in the financial Year 2016/2017 has not been completed up to date.

If yes, what are the reasons for the delayed completion and what measures is the department taking to make sure that the project is completed before the end of this financial year 2019/2020? The Response is as follows;

County Assembly Statement, Garithe Dispensary. Reference is made to your letter through the County Secretary dated 11<sup>th</sup> June, 2020 reference number CAK/DPT/HLTH/2/Vol. 1/63. The above subject hereby refers. I will read the Response and then followed by the attached copies of some documents which are so many.

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

**The Speaker** (Hon. Kahindi): Yes.

**Hon. Kenga:** Thank you Mr. Speaker, can we have the Vice-Chairperson Health be assisted with a proper facemask as the session continues.

**The Speaker** (Hon. Kahindi): Yes proceed as you get another facemask.

**Hon. (Ms.) Maneno:** The Department of Health Services, Garithe 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 number, KC/RFQ/1900027/2//2015/2016. The tender name of the proposed construction of Dispensary of twin bedroom staff house and two cubicle latrines at

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Garithe (Gongoni Ward). The contractor is M/S Galaxy Ventures Ltd P.O. Box 98856-80100 Mombasa. Tender Sum is Kshs26, 958,452.06.

The aforementioned was a Ward Development project for the financial year 2015/2016. The project was allocated Kshs 11, 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 6, 000,000. The Kshs 6, 000,000 budget was not adequate and hence required additional allocation in the financial year 2016/2017 budget allocation.

The Department of Health Services took up the project and allocated Kshs 10, 598,453 from the Executive (Department of Health Services) budget in this financial year towards completion of the project. A Supplementary Budget amounting to Kshs 5, 598,453 was allocated by the Department of Health Services in the financial year 2017/2018. An additional Kshs 7, 000,000 was allocated by the Department of Health Services towards completion of the dispensary, staff house and twin block toilet in the 2018/2019 Supplementary Budget. Kshs 4, 500,000 and Kshs 5, 500,000 was allocated by the Department of Health Services respectively in the financial year 2019/2020 and 2020/2021.

The Department of Health Services wish to confirm that the construction of the dispensary, staff house and twin block toilet is ongoing. The completion rate is as; construction of dispensary 70 percent to completion, staff house 70 percent and the twin block toilet is at 95 percent.

A site meeting with the attendance of public works (project manager), client (Department of Health Services), area Member of County Assembly (MCA) and the contractor was conducted. The contractor was informed of the concern on the progress of the project. The project completion had been delayed. He promised the stakeholders that he would do the best to complete the remaining works.

However, the progress is still slow. Consequently, it has been resolved that the project manager issue the contractor with a default notice before end of June 2020. The Department is dedicated and committed to ensure that the project is complete and operationalized by October, 2020 to ensure value for money and ensure the citizens access health care services with ease.

Mr. Speaker, there are some copies of documents which are so many. I will just read the list of the documents. Attached herein, please find the following for your ease of reference and record:-

1. A detailed Report on the project.
2. Project requisition dully signed and approved by the Accounting officer (Appendix 1)
3. Tender Evaluation Committees minutes (Appendix 2)
4. Tender Committee minutes (Appendix 3)
5. Notification of award (Appendix 4)
6. Letter of Acceptance of offer of award (Appendix 5)
7. Signed Contract (Appendix 6)
8. Local Service Order (Appendix 7)
9. Inspection and acceptance Committee's Reports (Appendix 8)
10. Invoices (Appendix 9)
11. Payment Certificates (Appendix 10)
12. Voucher processing logs (Appendix 11)
13. Remittance of advice as proof of payment (Appendix 12)
14. Project payment summary (Appendix 13)
15. Budget allocation 2015/2016 (Appendix 14)

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16. Budget allocation 2016/2017 (Appendix 15)
17. Budget allocation 2017/2018 (Appendix 16)
18. Budget allocation 2018/2019 (Appendix 17)
19. Budget allocation 2019/2020 (Appendix 18)
20. Budget allocation 2020/2021 (Appendix 19)

Thank you Mr. Speaker, Sir. That is the Response.

**The Speaker** (Hon. Kahindi): Hon. Kiraga.

**Hon. Kiraga:** Thank you very much hon. Speaker. First of all, I must say I am not very pleased with this Response. Initially, this was a Development Fund project and through the Ward Development Fund I had allocated Kshs11 million and we thought Kshs11 million would be enough to construct a dispensary at the level of class O. I was advised that this amount was too much for that level and that is why it was revised downwards to six million shillings of which the Department by then said it will construct that dispensary at that level. They also changed the story that is why you are seeing all this literature.

They changed from class O to a modern dispensary worth the contract sum of Kshs 26, 958,452.06. This now was from the Department and that is why they said they took over the project and added these monies. If you add all these allocations, they go over and above the contract sum to Kshs 39, 196,911, an excess of Kshs 12, 238,458.94. I do not know why there is this excess. If you read the paragraph that says, "...an additional seven million shillings was allocated by the Department of Health Services towards the completion of the dispensary, staff houses and twin block toilet in the 2018/2019 Supplementary Budget, meaning they added seven million shillings to complete the dispensary, staff house and twin block toilet.

That was in the financial year 2018/2019. I do not want to dwell much on the money because I believe there is something fishy with these allocations. You all know who the Chief Officer of Health Services was by then; Mr. Malingi was in-charge and you know how things went against him in terms of the Department. The tender for this project was opened on 10<sup>th</sup> November, 2015, and according to the annexes attached, the letter of notification from the then Country Secretary Owen Baya was written on 15<sup>th</sup> January, 2016 and a letter of acceptance by the contractor accepting that project was written on 1<sup>st</sup> March, 2016.

Look at the gap of the period from the notification to the acceptance letter and if you read the letter of notification, the contractor was given seven days to reply whether he had accepted or not. But that letter was received on 1<sup>st</sup> of March, 2016 a gap of almost two months. We have had several meetings between the Department and the contractor and the public on the site and if I am not mistaken, we have had almost five meetings for this project. The last meeting the contractor promised he would hand over that project on June, 2019. That is after our final meeting which has been projected here.

The tendency of this contractor is that when we have a meeting he will come down to the site or when I make a call to the Chief Officer of the Department the following week, that contractor will appear on the ground for one or two weeks and then he vanishes; that has been the tendency from that day up to date. Yesterday, I was at the site and funny enough, the contractor was on site, but he came last week. I spoke to the foreman he said "*mheshimiwa*, I am sorry because I do not know whether we are going to last two weeks here because the bags of cement he brought were 20 bags of cement meaning that after one week this contractor is going to vanish. We do not have hope as a community as to when this project is going to be completed."

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I really urge or request you to ask the Committee on Health Services to make a site visit and see for themselves. The things written here that the construction of the dispensary is 70 percent, construction of staff houses is at 70 percent are false. I have photographs which I took yesterday. Currently where the dispensary is supposed to be constructed is a bush. So, I really urge that we have the Committee on Health and if possible we can have a joint committee with the Committee on Implementation so that we have an amicable resolution on this matter. Thank you so much Mr. Speaker.

**The Speaker** (Hon. Kahindi): Yes hon. Kenga.

**Hon. Kenga:** Thank you very much Mr. Speaker. My main concern is the amount of money that has been set aside for the construction of the project. It seems there more monies that have been allocated even for the modern dispensaries that have been built within the County. They had an allocation of around Kshs 27 million, that is why you are seeing the tender sum to be Kshs 26 million. We are seeing this going to Kshs 30 something million and the area MCA (Member of County Assembly) of Gongoni is taking of an excess of Kshs 12 million.

We need to know what is happening with this excess amount that has been allocated towards the completion of the project. That is money equivalent to a number six ECD (Early Childhood Development) class room, given that a number two ECD classroom goes for around four million shillings. We cannot just wish away the Kshs 12 million that has been used in excess and let it go. We need to do something. We need to investigate and be able to have enough reason on what is happening to these projects Mr. Speaker.

**Hon. Mumba:** Thank you Mr. Speaker. I also share the same concerns because I was doing some calculations here on the allocations and actually the amount is very high; we have almost Kshs38 million plus.

**The Speaker** (Hon. Kahindi): Far much higher than what was projected.

**Hon. Mumba:** Yes. Another concern is these projects are a long way to completion and we all know in every year there are changes in the market; a bag of cement may go for Kshs500 now we are not sure by next year how much that bag of cement will cost. So, the manner in which the projects are lagging behind they attract a lot of variations of which the County has to rethink on how these projects are handled.

If a contractor does not have the capacity, then he should not be awarded so that we give the contract to somebody who has the capacity to do the project and complete it in good time. I want to thank the CECM for bringing a lot of documents here but with these documents we see a lot of lapses. We need to know more on the allocations and why the project is taking too long for it to be completed and in the end it will cost the county more money when it comes to variations. So, we are worried more monies will be allocated for the same project.

**The Speaker** (Hon. Kahindi): Vice Chairperson, I think this is one of those matters that I would without hesitation direct you through the Office of the Clerk to write to the CECM to appear in person with any other officer and documentation in relation to the questions that have been raised. The figures even to me appear to be quite confusing. So that the Committee within the next seven days can have a meeting with the CECM plus the Chief Officer and any other relevant officer, interrogate that matter and thereafter bring a verdict to the House. Does that also apply to the other Statement raised by hon. Kiraga? Can you go to it? Move to the next Response.

## DISPARITIES IN REIMBURSEMENT UNDER THE LINDA MAMA PROGRAMME

**Hon. (Ms.) Maneno:** Thank you Mr. Speaker, Sir. I will read the Statement raised by hon. Kiraga before I proceed to the Response. The County Executive Committee Member in charge of Health Services through the Chairperson, Health Services Committee on the Linda Mama Programme:-

Whether the County Executive Committee Member (CECM) is aware that Linda Mama is a programme meant to encourage pregnant mothers to deliver in health facilities free of charge in order to reduce mother and child mortality before and during delivery.

Whether the CECM is further aware that, when a mother delivers in a public facility, the facility is compensated with a fee of Kshs 2, 500 while when one delivers in a private facility the facility is compensated with Kshs 25, 000.

If yes, what is the Department doing to make sure that the compensation fee for the County Health facilities is increased in order to reduce the huge difference between the public and private health facilities? I will go direct to the Response.

The CECM for Health Services is aware that the Linda Mama Programme is a public funded health scheme to ensure that pregnant women and infants have access to quality health Care Services. The Linda Mama Programme is aimed at addressing the challenges of high maternal mortality rate and increase access to health facility skilled delivery services and consequently improving maternal and child health. The service entitlements under the Linda Mama Programme comprises of an expanded package of benefits to pregnant women and their newborns for a period of one year commencing on the date of activation of the benefits by the mother at a National Hospital Insurance Fund (NHIF) accredited health facility.

Support to operationalize the Linda Mama Programme is managed by NHIF. It targets Kenyan women who cannot afford any medical cover including NHIF. The Department is aware that the reimbursement for a Dispensary and Health Centre for delivery is Kshs 2, 500 and Kshs25, 000 for Level 4 (hospitals). This is a policy matter guided by Linda Mama Programme implementation guidelines.

The disparity in terms of reimbursement for public health facilities and private facilities is evident. However, this being a policy matter, it can only be followed up through the Council of Governors, Cabinet Secretary for Ministry of Health and NHIF Board.

The Department commits to follow up on this critical matter through the aforementioned offices. As a Department, we do concur that an increased reimbursement will go a long way in improving the service delivery for the benefit of the citizens. Thank you Mr. Speaker, Sir.

**The Speaker** (Hon. Kahindi): Hon. Kiraga.

**Hon. Kiraga:** Thank you so much hon. Speaker. I agree with the Response. At least something has to be done and it has to be done very fast. If you look at the gap, it is large. I want to cite some examples; if you go to Magarini Sub-County, most mothers prefer going to the private health facilities as opposed to our own public health facilities just because of that incentive that is being given by these private institutions. Kshs25, 000 against Kshs2,500 I think that cannot be accepted. Even the Kshs 2,500 which is being provided within this programme does not benefit those mothers who go to deliver in those public institutions because these monies find their way in offsetting other activities in those public health facilities just because there are no user fees. So, the Linda Mama and the DANIDA funds are being diverted and they are being used as user fees. If this kitty is beefed up, it can offset some of those activities which

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are being diverted and being used as user fees within the dispensaries and health facilities. It can also do something for the mothers who go there to deliver. As much as I agree, I will really call upon the Council of Governors to take up this issue very seriously so that they can bridge this gap. Thank you so much.

**The Speaker** (Hon. Kahindi): Yes hon. Kenga, you have something to add?

**Hon. Kenga:** Thank you Mr. Speaker. Just on one item; the Member had raised the disparity for delivery in a private facility going for Kshs 25, 000 and public facility going for Kshs 2,500 and the CECM is talking of engaging the Council of Governors, I am not sure that will be very okay. We can have another avenue where the Committee of the County Assembly can directly engage the National Government on this being a policy matter.

Is it in order for a Committee to be facilitated to take up the matter and directly engages either the Council of Governors or the Ministry at the National Government because right now most women prefer having deliveries in private facilities? The people managing the private facilities promise the midwives at the Sub-Counties tokens for bringing them women to deliver in their facilities. It is a big source of revenue to the private facilities and I am seeing a situation where the CECM may delay in engaging the Council of Governors but as an Assembly, we can have an engagement with the concerned parties. Thank you.

**The Speaker** (Hon. Kahindi): I think it is okay. There is nothing stopping the Assembly from approaching any Department in the National Government; it does not have to be through the... Probably Chairperson you can arrange that with the Clerk and then find out which relevant office the Committee plus the Mover of the Statement can be able to seek redress. Let us go to the last Response.

#### DILAPIDATED SHOMELA DISPENSARY

**Hon. (Ms.) Maneno:** Thank you Mr. Speaker, Sir. I will read the Statement raised by hon. Kiraga. Before I proceed to the Response, I will read the Statement:

To the County Executive Committee Member in charge of Health Services through the Chairperson, Health Services Committee:-

Whether the County Executive Committee Member (CECM) in-charge of Health Services is aware that Shomela Dispensary has cracks all over, endangering the lives of residents seeking services at the facility.

Whether the CECM is further aware that the matter was reported to her by the technical officers sent to the facility for assessment and that she promised prompt action after being presented with the report.

If yes, why has it taken so long since 2018 for the renovation to take place? What measures is she taking to make sure that the facility is renovated soonest possible and when? I will go direct to the Response.

Shomela Dispensary was constructed in 2005. It sits on one acre piece of land. The Dispensary is a Level 2 facility located in Magarini Sub-County, Gongoni Ward. The Dispensary is operational and has increased community access to the much needed health care services. It has a functional Dispensary Health Committee [DHC] which constitutes the governance arm and represents the community in the facility management.

After devolution took stage, the Department of Health Services listed it among other CDF (Constituency Development Fund) and LATF (Local Authority Transfer Fund) projects that had been abandoned for long. The Department operationalized the facility in 2014, focusing on the

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vision and spirit of County Government of Kilifi to bring services closer to the community and to increase access to health care services to Kilifi Citizens. The Facility has two staff namely: One nurse and one support staff. The dispensaries workload is as below;

General Outpatient (Filter Clinic).

- Date element OPD attendance over five years male 2019-707 and 2020-596.
- Date element OPD attendance over five years female 2019-1663 and 2020-1135.
- Date element OPD attendance over five years male 2019-468 and 2020-278.
- Date element OPD attendance over five years female 2019-430 and 2020-304.
- Date element CWC attendance 2019-185 and 2020-0.
- FP attendance 2019-72 and 2020-38.

The total workload for the year 2019 is 3,556 and 2020 is 2,363.

The facility has water supply from both Timboni wells and rain water harvesting. The facility is also connected to electric power and receives medical drugs from the County Government of Kilifi. The facility's sources of resources include the following; Danida, User fee foregone and Linda Mama County Government of Kilifi.

The health facility offers the following services; curative, maternity and child welfare clinic, laboratory [partially], public health and pharmacy.

We hereby confirm that the Department of Health Services is aware of the cracks in the walls at Shomela Dispensary. The Department will ensure that the facility is rehabilitated before December, 2020. The Department will allocate funds for the renovation works during the 2020/2021 Supplementary (One) Budget allocation. Signed by; hon. Charles Dadu Karisa, County Executive Committee Member (CECM). Thank you, Mr. Speaker.

**The Speaker** (Hon. Kahindi): Yes hon. Kiraga.

**Hon. Kiraga:** Thank you so much Mr. Speaker. The answer is in the final paragraph and I hope the CECM will be told on how to respond to Statements. Some of this literature is misplaced and wrong. For example, the dispensaries do not have user fees; Shomela is a Dispensary and not a hospital and again Shomela Dispensary does not benefit from DANIDA funds. I have that Report which is submitted by the Department itself. I think the other day we had a meeting between MCAs from Magarini Sub-County and the Executive and we were served with a Report from the various dispensaries and Shomela Dispensary is not one of those which benefits. Again, if what they have said in the last paragraph is what is going to happen then I am okay. Thank you so much.

## ADJOURNMENT

**The Speaker** (Hon. Kahindi): There being no other Business, this House stands adjourned.

**The House rose at 11:50 a.m.**