COUNTY GOVERNMENT OF BOMET

THE COUNTY ASSEMBLY

REPORT OF THE COMMITTEE ON HEALTH SERVICES ON THE STATUS OF COUNTY HEALTH FACILITIES- BOMET

SEPTEMBER, 2014

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1.0 PREFACE

Mr. Speaker Sir,

On behalf of the Committee on Health Services and pursuant to Standing Order 190 (5) (g), I am pleased to report on the findings of the committee on the status of the health facilities within the county.

The committee on Health Services is one of the sectoral committees established under the Standing Orders 190(1) and the Second Schedule to the Standing Orders which provides that the Committee on Health Services shall deal with all matters related to county health services including, *inter alia*, county health facilities and pharmacies.

1.1 Committee Membership

Mr. Speaker Sir,

The Committee on Health Services as currently constituted comprises of the following Honourable Members:-

1. Hon. Philip Siele - Chairperson
2. Hon. Leonard Kirui -Vice Chairperson
3. Hon. Rose Boiyon - Member
4. Hon. William Mosonik - Member
5. Hon. John Molel - Member
6. Hon. John Ngetich - Member
7. Hon. Hellen Taplelei Rotich - Member
8. Hon. Nancy Chepkirui - Member
9. Hon. Patrick Chepkwony - Member

1.2 MANDATE OF THE COMMITTEE

Mr. Speaker sir,

In line with the provision of Standing Order 190 (5), the Committee on Health services is mandated to;

a) Investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration, operations and estimates of the assigned departments;
b) Study the programme and policy objectives of departments and the effectiveness of the implementation;
c) Study and review all county legislation referred to it;
d) Study, assess and analyze the relative success of the departments measured by the results obtained as compared with their stated objectives;
e) Investigate and inquire into all matters relating to the assigned departments as they may deemed necessary, and as may be referred to them by the County Assembly;
f) Vet and report on all appointments where the Constitution or any law requires the County Assembly to approve, except those under Standing Order 187 (Committee on appointments); and
g) Make reports and recommendations to the County Assembly as often as possible, including recommendations of proposed legislation.

Mr. Speaker sir,

The constitution in **Article 43 (1) (a)** states that, "Every person has the right to the highest attainable standard of health, which includes the right to the health care services, including reproductive health care."

It is worth noting that the health sector has been substantially devolved and the mandate of providing health care services now rests with the county Government.

Mr. Speaker Sir,

According to Schedule II of the Standing Orders, the Committee examines all matters related to county health services including in particular;

(a) County health facilities and pharmacies,

(b) Ambulance services,

(c) Promotion of primary health care;

(d) Refuse removal, refuse dumps and solid waste disposal.

Mr. Speaker sir,

The committee on Health Services deeply concerned with the issues raised by the members of the public regarding the service delivery in the public health facilities within the county decided to establish the status of the health facilities and the health care services being offered by such facilities as well as the factors that are impeding proper provision of health services.

Before embarking on the exercise of establishing the status of our health facilities, met and outlined the Terms of Reference (TOR), within which they were

to engage themselves in. The terms of reference ensured that their endeavour to achieve the objectives was successful.

1.3 TERMS OF REFERENCE

i. The following were the terms of reference;

ii. Comprehensively investigate, inquire into all matters relating to status of health facilities in the county.

iii. Comprehensively review the actions the County Government is taking to ensure that the proper standards of health facilities are attained.

iv. Make recommendations to the County Assembly on necessary actions, preventive measures and steps to be taken, drawn from the findings, by the county government that would seek to improve the expected status of health facilities.

v. Propose appropriate policy and legislation to be developed to facilitate promotion and maintenance of proper health standard within the county.

Mr Speaker Sir,

Guided by the Terms of Reference, the committee randomly selected some health facilities across the county and the findings were to be a representative of the entire county in terms of the overall status of health facilities.

By the committee's discussion on the meeting of 11-04-2014 vide minute 74/04/2014, the committee selected the following areas;

- Cheboet Health Centre
- Cheptalal Sub-District Hospital
- Koiwa Health Centre
- Sigor Sub-District Hospital

- Tegat Health Centre
- Kapkoros Health Centre
- Longisa County Referral Hospital
- Ndanai Sub-District Hospital
- Bomet Health Centre

The committee further came up with a programme where site visits and meetings were conducted in the selected health facilities. The relevant stakeholders engaged included the committees managing the said health facilities, the senior management of the facilities and the patients found in the facilities.

The programme was aimed at assisting the committee in collecting all the necessary information which could inform its recommendations to the county Government with regards to improving the level services being offered to the members of the public in all health facilities within the county.

Mr. Speaker Sir,

Upon establishing its programme of activities in line with the Terms of Reference as set out, the Committee organized consultative meetings with all key stakeholders. To collect all the necessary information and make its findings, the committee held a total of nine sittings with the following stakeholders in different parts of the county;

I. The management of Bomet Health centre
II. The hospital management of Longisa County Referral Hospital
III. The management committee and stakeholders of Ndanai Health facility
IV. The management committee of Cheboet Health Centre

V. The health management committee of Kapkoros Health Centre

VI. The health management committee of Tegat Health Centre

VII. The health management committee of Sigor Sub-District Hospital

VIII. The management committee of Cheptalal Health Centre

IX. The management committee of Koiwa Health Centre

1.4 EXECUTIVE SUMMARY

Mr Speaker Sir,

To improve the level of health service delivery to the residents of the county, it is necessary for the county government to invest substantially in its health facilities. This involves the engaging adequate and qualified personnel as well as the physical facilities and equipment to the required standard.

It should be noted that in almost all facilities visited, and where applicable, the committee took particular interest with the state of the following; Maternity and antenatal care, wards for the patients, pharmacy sections, laboratories, hospital theatres and surgical units, HIV testing and counselling sections, staff quarters. Other areas in some specific facilities visited included specialized units such as the renal unit, eye unit and cancer screening centre.

In the entire exercise, the committee observed the following as key issues affecting the level of health status within the county;

1. Inadequate funding by the county government for developing necessary infrastructure in health facilities was the concern of many stake holders.
2. Irregular and late supply of hospital drugs and other necessary materials in some health facilities.

3. Shortage of Personnel required to offer services in most of the health facilities
4. Inadequate consultation by the relevant county government departments with the respective local management committee in the health facilities in development of such facilities.
5. Inadequate water supply in some health institutions yet water is very critical in terms of maintaining proper hygienic status within any health facility.
6. Lack of proper waste management in some of the health facilities and some of the health facilities did not have adequate waste disposal equipment such as incinerators to burn used equipment and materials yet their disposal has to be done in a highly technical manner.
7. The critical infrastructure such as proper road network was a challenge notably witnessed in most of the health institutions.
8. The power supply is a major challenge in the health facilities where electricity has not been connected.

Mr Speaker Sir,

It is clear from the above observations of the committee that the challenges that exist with regards the status of health facilities and service delivery in the county has been caused by failure on the part of the national government, which previously managed the health sector, to:-

i. Systematically carry out proper planning of the health facilities by the relevant departments of the government in the past
ii. Invest adequately in the area of health service delivery in the county

iii. Involve all the relevant stakeholders particularly the local committees in the health facilities in terms of setting out priority areas as well as infrastructure development

However, with the sector of health having substantially been devolved under the current constitution, the above stated challenges can and must be addressed comprehensively by the county government.

To address all the issues that have been identified, the committee has made sound recommendations, which if fully implemented will adequately help in improving the status of health facilities and service delivery in the health sector within the county.

1.5 ACKNOWLEDGEMENT

Mr Speaker Sir,

The committee is grateful to the Office of the Speaker and the office of the Clerk of the County Assembly for facilitating and providing technical support to the Committee during the preparation of this report.

I also appreciate the members of the committee on Health Services who worked tirelessly in discharging their duties and in the preparation of this report.

Finally, the committee thanks all the stakeholders including the management of health facilities and members of staff of the respective health facilities for participating by providing relevant information as sought by the committee.

It is therefore my pleasant duty and privilege, on behalf of the Committee on Health Services to table this report and commend it to the House for debate, consideration and adoption.

SIGNED: ..... **DATE:** 14/10/2014

HON. PHILIP SIELE

CHAIRPERSON

DATED 14TH **day of October, 2014**

1.7 Ownership of the Report

We the members of Health Services Committee do append our signatures against our names to this report to affirm the correctness of the contents and support for the report

1. Hon. Philip Siele .....
2. Hon. Leonard Kirui .....
3. Hon. Rose Boiyon .....
4. Hon. William Mosonik .....
5. Hon. John Molel .....
6. Hon. John Ngetich .....
7. Hon. Hellen T. Rotich .....
8. Hon. Nancy Chepkirui.....
9. Hon. Patrick Chepkwony .....

2.0 BACKGROUND INFORMATION

2.1 Policy and Legal Framework

The Kenya Health Policy, 2012 – 2030

The Kenya Health Policy, 2012 – 2030 gives directions to ensure significant improvement in overall status of health in Kenya in line with the country's long term development agenda, Vision 2030, the Constitution of Kenya 2010 and global commitments. It demonstrates the health sector's commitment, to ensuring that the Country attains the highest possible standards of health, in a manner responsive to the needs of the population.

The Policy focuses on six objectives, and seven orientations to attain the overall government's goals in health. It takes into account the functional responsibilities between the two levels of government (county and national) with respective accountability, reporting and management lines.

It proposes a comprehensive and innovative approach to harness and synergize health services delivery at all levels by engaging all actors. This is demonstrated by the policy directions outlined in the Policy, particularly the right to the highest attainable standard of health.

At county level, the Kenya Health Policy 2012 – 2030 proposes the formation of county health departments whose role will be to create and provide an enabling institutional and management structure responsible for "coordinating and managing the delivery of healthcare mandates and services at the county level." In addition to the county health departments, the policy calls for the formation of county health management teams. These will provide "professional and technical management structures" in each county to coordinate the delivery of health services through health facilities available in each county.

2.2 Health Facilities within the County

Bomet County has a total of one hundred and thirty eight (138) health facilities which comprises of five hospitals of which two are mission hospital. The county

has twenty three (23) health centres, eighty (80) dispensaries and thirty (30) private clinics.

2.3 Health Medical Personnel

In Kenya, health personnel comprise of Medical doctors, clinical officers, Dentists, Nurses (Graduate, registered and enrolled), Pharmacists, pharmaceutical technologists, public health officers and public health technicians and nutritionists.

Within Bomet county, there are 20 doctors and 287 nurses giving a doctor population ratio to be 1 to 40,232 while nurse population ratio is 1 to 2,806.

2.4 Hospital Level Care in Kenya

The health facilities in Kenya are classified into six levels as follows;

- Level 1- community health care
- Level 2- Dispensary and clinics
- Level 3- Health Centres, Maternity and Nursing Homes
- Level 4- sub district and District Hospitals (Primary Hospitals)
- Level 5- Provincial and general Hospitals (Secondary Hospitals)
- Level 6- National Referral Hospitals

2.5 Selecting the Sample

A random sampling was used to obtain a representative sample with consideration of including all Sub Counties. In random sampling, every sample of a given size in the accessible population has an equal chance of being selected. The samples were from all the five Sub Counties; Konoin, Sotik, Bomet East, Bomet Central and Chepalungu.

The selected Health facilities included the following;

a. Bomet Health Centre,
b. Sigor Sub District Hospital,
c. Cheptalal Sub-District Hospital,
d. Kapkoros Health Centre,

e. Cheboet Dispensary,
f. Koiwa Health Centre
g. Tegat Health Centre
h. Longisa District Hospital
i. Ndanai Sub-District Hospital

The selected health facilities comprised of level 2, level 3 and level 4 facilities.

3.0 COMMITTEE'S OBSERVATIONS AND FINDINGS

3.1 Bomet Health Centre

Bomet Health Centre is situated in the central business district (CBD) of Bomet town occupying 0.7 acres of land. The health committee members visited Bomet Health Centre on 14th August 2014 and during the visit the Health Service committee members met with Chairman of Management Committee of the health facility, Public Health Officer and Clinical Officer in-charge of the Health Centre who briefed the committee on various issues touching on the health facility including the following;

Staff of the Health Facility

That the health facility currently has 15 employees comprising of 3 medical engineers, 3 Clinical Officers, 5 nurses, a laboratory technician, a Public Health Officer, a counselor, a nutritionist and 5 casual workers. There was also two staff for Walter Reed Project. However, the management admitted that there was shortage of personnel for the facility to effectively serve the public.

Capacity of the health facility

The facility attends to approximately 100 patients per day. For this year alone the facility has attended 19,000 patients. The facility handles emergency baby deliveries.

Drugs supply

The drugs were supplied by the county government through KEMSA and MEDS in adequate quantities.

Funding of the facility

The facility was funded by C.D.F in 2010/2011 financial year to a tune of Ksh 1.25M which was used to construct a maternity ward. In previous financial year (2013/2014) the County Government funded the facility with Ksh 1.97M which is currently used to complete the maternity rooms.

Development and infrastructure

Currently the facility is constructing a maternity which is almost complete. The management committees of the facility are planning for fencing, constructing a kitchen and a laundry room.

Water supply is adequate in the facility. The main Power supply in the facility is electricity. The board of management of the facility is yet to install a new acquired generator. The health facility has adequate equipment. The committee also observed that the road leading to the facility was in a good condition.

Inspection of the facility by the Committee

The committee then toured the following facilities in the health centre which included the Delivery room and Maternity, Cancer Screening Room, Medical Laboratories, HIV testing and counseling room, Family planning office, Drug Store, Dispensing/ Injection Room, Pharmacy, Immunization Room, Antenatal Care/ Delivery Room.

Challenges

The committee members were informed that the major challenge is personnel, the size of the rooms and the design which was not ideal for the health centre. Secondly, the facility does not have an incinerator which exposes the workers to health risk.

3.2 Cheptalal Sub-District Hospital

The Health committee member visited Cheptalal Sub-District Hospital on 2nd May 2014 and during the visit the committee members met with Sub-County Health Administrator, the chairman of the management committee of the hospital and the hospital administrator who briefed the committee on various issues touching on the health facility. The committee also observed that the facility was under major renovation since it had been neglected previously.

Inspection of the facility by the Committee

The committee then inspected health facility which included the Maternity and antenatal care unit, Medical Laboratories, HIV testing and counseling room, Drug Store, Dispensing/ Injection Room, Pharmacy, Immunization Room and the staff quarters.

Thereafter, the committee held a brief meeting with management of the health facility. During the meeting, the committee was briefed on the following;

Staff of the Health Facility

That the health facility currently has 21 employees comprising of one medical doctor, 4 Clinical Officers, 6 nurses, a laboratory technician and 9 subordinate staff casual workers. The committee was informed that there was a shortage of staff generally in the health facility.

Capacity of the health facility

The facility has a bed capacity of 12 and attends to approximately 70 patients per month. This was alarming since the facility is classified at Level 4 as it is a sub district hospital. However, this was attributed to the poor services being offered and persistent neglect of the hospital by the previous national government. Referral cases are made to Longisa District Hospital even though most patients prefer Kapkatet District Hospital situated in Kericho County.

Drugs supply

The committee was informed that most of the required drugs had been supplied by county government and there were no shortage. However, the facility does not have a medical store for proper storage of drugs hence the drugs, sometimes, are damaged.

The drugs were supplied by the county government through KEMSA and MEDS in adequate quantities which was evident since the drug store was full.

Development and infrastructure

Currently the facility is under major renovation which especially the wards, the theatre, the kitchen and the staff quarters. The committee was also informed that;

- **Water supply**
  At the moment the hospital uses rain water harvested during rainy season and is not adequate for the facility of its status. The management is currently working on adequate water supply and pipes are being laid though there is shortage of funds.
- **Power supply**
  The only Power supply is electricity. The facility has a generator which has never been utilized.
- **Hospital utility vehicles**
  The Red Cross Ambulance is stationed at the facility which assists in emergency cases. However, the facility does not have a utility vehicle.
- **Theatre**

The facility has a theatre fairly equipped but that has not been operational.

- The facility does not have enough rooms for special units
- The facility does not have a morgue and a proper kitchen
- The facility does not have x-ray unit and laundry machine
- The facility does not have adequate modern equipment such as an incubator and computers and printers.

Funding of the facility

Currently the facility is funded by the county government and was allocated Ksh 5.1948 Million for development in the Financial Year ending 30th June, 2014. The funds have been utilized to do major renovation of the facility since it was previously in a dilapidated condition as the facility had been neglected previously.

Major Challenges

The major challenges faced by the health facility included the following;

- Low perception by the members of the public due to poor services being offered by the facility.
- Inadequate and unreliable water supplies since the facility mainly depends on rain water which is not always consistent.
- Acute shortage of medical personnel considering that the facility is a sub district hospital categorized as a level 4 facility.
- Lack of a mortuary considering the level of the facility and proximity of other major health facilities.
- Under-utilization of the available facilities such as the theatre and the maternity wing occasioned by poor routine maintenance.
- The facility does not have x-ray unit and laundry section which is essential for the level four Hospitals

3.3 Koiwa Health Centre

The Health committee member visited Koiwa Health centre on 2nd May 2014 and during the visit the committee members met with Sub-County health administrator and the in charge of the Koiwa health facility who briefed the committee on various issues with regards to the status of the facility as well as service delivery.

The committee then toured the following facilities in the hospital; Maternity Delivery room and Maternity, Wards (male, female and children), Pharmacy, Medical Laboratories, HIV testing and counseling room, Special units including heart clinic, Hospital kitchen

The committee also observed that the facility is situated in 12.4 acres and was under major renovation which was prioritized together with fencing.

During a meeting with management of the health facility, the committee was briefed on the following;

Staff of the Health Facility

- The health facility currently has 26 employees comprising of 1 medical doctor (part time basis), 2 RCOs, 1 laboratory technician, 1 Public Health Technician, 8 nurses and 9 subordinate staff, 1 social worker, 1 pharmacist and 1 nutritionist.
- The committee was also informed that among the staff were those from Walter Reed and volunteers.

Capacity of the health facility

The facility has a bed capacity of 24 attending to approximately 70-100 patients per month. The maternity wing normally attends to 2-8 deliveries per day.

Referral cases are made to Longisa District Hospital even though most patients prefer Kapkatet District Hospital situated in Kericho County.

Development and infrastructure

Currently the facility is under major renovation especially the wards, the theatre, the kitchen and the staff quarters. The committee was also informed that;

- **Water supply** was not a challenge since the facility has tap water
- **Power supply-** The only Power supply is electricity and there was need to have a power generator as there are times when electricity is off.
- **Hospital utility vehicles-**The facility has a utility vehicle which was funded by C.D.F.
- **Theatre-** The facility has proposed to have a theatre though funds have not been allocated
- The facility does not have adequate modern equipment such as an incubator and computers and printers.

Funding of the facility

Currently the facility is funded by the county government and was allocated Ksh 3.08 Million for development in the Financial Year ending 30th June, 2014. The funds have been utilized to undertake major renovation and fencing of the facility.

Another financial support has been received from PEFAR which has supplied the facility with furniture.

Medicine and materials Supply:

The committee was informed that most of the required drugs had been supplied by the county government through MEDS and KEMSA and there were no shortage apart from laboratory reagents.

Challenges

The committee was informed that the major challenge in personnel was remuneration particularly for subordinate staff where the same is not equal.

On the role management committee and the community in development projects, the committee was informed that there had been attempts to sideline by the procurement department of the county executive and that in the current project of renovation of the facility, committee representatives were not present in the opening and awarding of tenders.

3.4 Cheboet Health Centre

The Health committee member visited Cheboet Health centre on 9th May 2014 and during the visit the committee members met the chairman of the management committee of the health centre and committee members who briefed the committee on various issues touching on the health facility.

Thereafter, the committee held a brief meeting with management of the health facility. During the meeting, the committee was briefed on the following.

Capacity- The facility attend to approximately four to five patients per week

Facilities and equipment- The facility does not have shelves to store drugs, staff quarters and toilets.

Funding- The facility has been funded by Constituency Development Fund (CDF) of Ksh 150,000 and Ksh 815,000 by LATTF.

Water supply- At the moment the health facility uses rain water harvested during rainy season and is not adequate for the facility of its status.

Power supply- The facility does not have electricity.

3.5 Kapkoros Health Centre

The Health committee member visited Kapkoros Health centre on 9th May 2014 and during the visit the committee members met the management in charge of the Kapkoros health facility who briefed the committee on various issues touching on the health facility.

The committee then toured the following facilities in the hospital; Maternity Delivery room, Routine cancer screening unit, Wards (male, female and children), Pharmacy, Medical Laboratories, HIV testing and counseling room, Hospital kitchen and staff quarters.

The committee also observed that the road leading to the facility is in a poor state. The facility is situated in 8.1 acres. Thereafter, the committee held a brief meeting with management of the health facility. During the meeting, the committee was briefed on the following;

Staff of the health facility

That the health facility currently has 15 employees comprising of 1 medical engineer 2 Clinical Officers, 2 nurses, 2 laboratory technician, 1 Public Health Officer and 7 casual workers. The facility does not have a Record Officer, nutritionist, Dentist and Clinical Officer.

Capacity-

The facility attends to approximately 2400 patients per month while the Maternity unit attends to 60 deliveries per month.

Facilities and equipment

The health facility does have enough staff houses. The facility does not have a proper kitchen as it was not properly designed. The facility has an ambulance vehicle which was donated by the National Insurance Fund (NHIF).

Water supply- The facility uses rain water and pumped water.

Power supply- The main Power supply in the facility is electricity. The facility also has an operational generator.

Challenges

The committee was informed that the major challenge is inadequate personnel and the remuneration particularly for subordinate staff where the same is not equal.

3.6 Tegat Health Centre

During the visit the committee members visited the following; Immunization room, antenatal care, injection rooms, IT room, pharmacy, consultation room, laboratory, HIV testing and counseling room, maternity. The committee also observed that the facility has constructed staff quarters (maternity officers) and temporary medical store.

Thereafter, the committee held a brief meeting with management of the health facility. During the meeting, the committee was briefed was briefed on the following;

Staff of the health facility

The health facility currently has 7 employees comprising of one clinical officer, one laboratory technician, two nurses and three subordinate staff.

Capacity of the facility

The facility attend to patients to approximately 200 patients per day

Funding of the facility- the facility is currently being funded by the county government.

Challenges

- That the rooms in the facility are too small and that there is need to expand sterilization rooms.
- Facilities and equipment, that the health facility does not have an incinerator, adequate modern equipment such as light microscope and incubator, enough water tanks, staff houses, spot lights, computers and printers.
- Referral cases, that most of them are referred to Longisa District Hospital.

3.7 Sigor Sub-District Hospital

During the visit the committee members visited the following offices; Public health room, antenatal care, customer care room, delivery room, wards, kitchen, laundry, staff quarters, HIV testing and counseling room, maternity and administration offices. The committee also observed that the facility had made a major renovation which included painting, trench building, fencing and window pane replacement.

The hospital serves a wide population including those from neighbouring counties

Thereafter, the committee held a brief meeting with the management of the health facility. The committee was then informed;

i. That the hospital handles at least 250 patients per day
ii. That there is shortage of staff, for example the hospital has only 8 nurses instead of the required 36, 4 clinical officers
iii. That the public health office has adequate staff but the office is too small The VCT section is ran by the Walter Reed
iv. That cleaners are outsourced and there is need for the government to employ staff in this section for efficiency
v. That the current generator does not have the capacity to serve the entire hospital
vi. That there is need to expand delivery room to accommodate more patients and increase post natal patients room
vii. That there is need for supply of furniture for the offices and consultation rooms
viii. That the facility's laundry does not have a washing machine and currently the hospital takes linen to Longisa hospital for washing
ix. That the hospital does not have adequate uniform for the patients
x. That the hospital requires a water pump to facilitate supply of water in the facility, incinerator for waste disposal and staff quarters to accommodate medical personnel.
xi. That the committee also observed that there was an idle X-Ray machine which has not installed since 2009.

The management of the hospital urged the committee to push for the facilitation required to enable it address the mentioned challenges.

3.8 Longisa County Referral Hospital

Longisa County Referral Hospital is situated in Longisa trading centre in Bomet East constituency. During the visit the Health Service committee members met with Management Committee of the health facility and the senior management staff who briefed the committee on various issues touching on the health facility.

The committee then toured the following facilities in the hospital; Delivery room and Maternity, Cancer Screening Room, Medical Laboratories, Family planning office, Drug Store, Dispensing/ Injection Room, Pharmacy, Intensive Care Unit (ICU) and the Renal Unit.

The committee also observed that the road leading to the facility was in a good position. Thereafter, the committee held a brief meeting with Management of the health facility, Clinical officer in-charge and Public Officer. During the meeting, the committee was briefed on the following;

Staff of the hospital

The health facility currently has inadequate staff especially in renal unit, casualty, pharmacy and cancer screening centre. In renal unit, three specialist nurses are required while in cancer screening centre a chemotherapist and a radiographer are needed.

Facilities and equipment-

The health facility has adequate equipment though they need a blood transfusion centre. However, the management felt that the facility should;

- Acquire one more renal machine to be used by HIV infected patients.
- Expand maternity wards to accommodate high population.
- Increase beds in ICU.
- Acquire adequate and quality hospital linens.
- Establish of a Cancer Screening Centre and an Eye Unit.

Drugs and other materials supply

The drugs were supplied by the government through KEMSA and MEDS

Water supply

The facility uses tap and rain water though there is a challenge of adequate tap water. However, there is need to supply of adequate potable water to the facility considering its status as the county referral hospital.

Power supply

The main Power supply in the facility is electricity.

Funds

The County Government funds the facility

Development

Currently the facility is planning to construct an Eye Unit, a Cancer Screening Centre, expand Renal Unit and equip ICU. Kenya Medical Training College (KMTC) is also attached to the facility with more than fifty students. The drug store is almost complete.

The mortuary in the facility is currently in a good condition. Renal unit is functional and attends six patients per week.

Challenges

- The committee members were informed that the major challenges is the land for establishing Cancer Screening Centre as the site which had been proposed is currently occupied by KMTC.
- Frequent renal machine maintenance due to dirty water which is costly and can reduce lifespan of the machine.
- Inadequate supply of potable water to the facility.

3.9 Ndanai Sub District Hospital

Ndanai Sub District Hospital is situated in Sotik constituency. The health facility serves a large population including patients from Trans Mara- Narok County,

neighbouring Nyamira County and Bomet County. During the visit the Health Service committee members met with Management Committee of the health facility who briefed the committee on various issues touching on the health facility.

The committee then toured the following facilities in the hospital inspected the following facilities in the hospital; Delivery room and Maternity, Medical Laboratories, Drug Store, Dispensing/ Injection Room, Pharmacy and staff quarters.

Thereafter, the committee held a brief meeting with Management of the health facility. The committee members were briefed on the following;

Staff of the heath facility

The health facility currently has inadequate staff especially the Clinical Officers, Nurses, pharmacist and Lab Technician.

Drugs

The anti-rabies drugs are needed as rabies is common in the area due to stray dogs in the nearby Chepalungu forests. The committee was also informed that the facility does not have a drugs store and that drugs are normally stored outside the facility, a situation that is likely to lead to damage and loss of drugs.

Rooms

The rooms for wards are small, few and need expansion and upgrading. The facility has only two wards, male ward and female ward hence the need for expansion to meet the ever increasing needs of the public.

Power and Water supply

The facility uses rain water though there is a challenge of adequate tap water. The main Power supply in the facility is electricity.

Development

The toilets within the facility have collapsed and new ones need to be built. The facility does have staff quarters, which are in deplorable conditions hence the

nurses and clinical Officers, do not reside within. As a consequence, patients cannot be adequately attended to especially emergency cases.

Recommendation

The management and committee members proposed that funding allocation to the facility be increased so as to accommodate the following proposal;

- Building of modern staff houses and toilets.
- The facility to have adequate water supply
- Maternity Delivery rooms be fully equipped
- Wards to be expanded to accommodate the increasing number of patients.
- Supply of anti-rabies drugs be increased especially in Ndanai Sub-District Hospital

Committee's Findings

i. There is inadequate funding by the county government for developing necessary infrastructure in health facilities was the concern of many stake holders.
ii. There is irregular and late supply of hospital drugs and other necessary materials in some health facilities.
iii. There is a shortage of Personnel required to offer services in most of the health facilities
iv. There is inadequate consultation by the relevant county government departments with the respective local management committee in the health facilities in development in such facilities.
v. Inadequate water supply in some health institutions was evident yet water is very critical in terms of maintaining proper hygienic status within any health facility.
vi. There is lack of proper waste management in some of the health facilities and some of the health facilities did not have adequate waste disposal equipment such as incinerators to burn used equipment and materials yet their disposal has to be done in a highly technical manner.

4.0 COMMITTEE'S RECOMMENDATIONS AND CONCLUSION

4.1 Recommendations

Based on its finding, the committee recommends the following;

1. That through proper consultation, the health sector be given enough funding by the county government to ensure that necessary infrastructure and support is accorded to all facilities across the county for better and efficient health care service delivery.
2. That the county government makes effort to ensure that adequate personnel are deployed in all the health facilities within the county to enable efficient and effective service delivery.
3. That health facility local management committee be strengthened to enable them participate, on behalf of local communities, in planning development projects in their respective health facilities according to the needs and priorities of the area residents.
4. That a comprehensive audit to be done on all the major funded health projects across the county to ensure that maximum and efficient utilization of allocated resources is achieved.
5. Those health facilities with equipment lying idle and which are unable to use them be facilitated to utilize them for the public to benefit. In this regard, the county government should Install and service idle machines especially the X-ray machine at Sigor Sub-District Hospital and Generator at Cheptalal Sub-District Hospital.
6. The committee also proposes that a county sector specific policy be developed by the government so as to guide operations of the health sector in terms of infrastructure development and health care service delivery.

4.2 Conclusion

While availability of healthcare facilities does not guarantee utilization, utilization is an important indicator of health status, health-seeking behavior, cost and quality of services.

The committee's proposed recommendations if adopted and implemented will have a positive impact in health care service delivery for the county.

MINUTES OF THE COMMITTEE ON HEALTH SERVICES HELD IN THE BOARDROOM ON 12th MAY, 2014 AT 4:30 PM

MEMBERS PRESENT

1. Hon. Philip Siele
2. Hon Leonard Kirui
3. Hon. William Mosonik
4. Hon. Nancy Chepkirui
5. Hon. Hellen Taplelei Rotich
6. Hon. Rose Boiyon

MEMBERS ABSENT

1. Hon Patrick Chepkwony
2. Hon John Molel
3. Hon. John Ngetich

AGENDA

1. Preliminaries
2. Confirmation of the previous minutes
3. Deliberation on Site Visits report
4. A.O.B

MIN 99 /05/2014 PRELIMINARIES

The chair called the meeting to order then welcomed members. Hon. Hellen Taplelei made the opening prayer.

MIN 100/05/2014 CONFIRMATION OF THE PREVIOUS MINUTES

The chair directed the previous minutes to be read which were then proposed by Hon William Mosonik and seconded by Hon Rose Boiyon as true recordings of the previous meetings.

MIN 101/05/2014 MATTERS ARISING

The committee reiterated that the budget estimates for the health programs should include a vote head for research of diseases such as cancer, diabetes etc.

MIN 102/05/2014 DELIBERATION ON THE SITE VISITS TO HEALTH FACILITIES

The Committee observed that Tegat Health Facility had been allocated Ksh 527, 000 which was utilized for the construction of maternity wing and the amount was not enough. There was also need for delivery beds and incubators in the maternity wing hence more funds were required. It was felt that more funding was necessary since the health facility was serving many patients.

With regards to Sigor Sub-district hospital, the committee observed that the facility has been funded to a tune of Kshs 7Million in the current financial year for development most of which had utilized for renovation and fencing. The committee was not satisfied on how the fund had been utilized as well as the procurement process. It was recommended that investigation be done on the use of the amount allocated and the procurement process. It was also observed that the facility have equipment such as the X-Ray machines which are lying idle. The committee also agreed that the Management committee of the health facility should be involved in the running of the affairs of the hospital

MIN 103/05/2014 A.O.B

There being no other business, the meeting was brought to an end at 5:30 PM. A closing prayer was made by Hon. Nancy Chepkirui.

Chairperson Hon. Philip Siele ..... Sign ..... Date 12/5/2014

Secretary Kennet Langat ..... Sign ..... Date 12/5/2014

MINUTES OF THE COMMITTEE ON HEALTH SERVICES

HELD IN THE BOARDROOM ON 29th APRIL, 2014 AT 11:00 AM

MEMBERS PRESENT

1. Hon. Philip Siele
2. Hon Leonard Kirui
3. Hon. Rose Boiyon
4. Hon John Molel
5. Hon. William Mosonik
6. Hon. John Ngetich
7. Hon Patrick Chepkwony

MEMBERS ABSENT

1. Hon. Hellen Taplelei Rotich
2. Hon. Nancy Chepkirui

AGENDA

1. Preliminaries
2. Confirmation of the previous minutes
3. Deliberation on the Committee's report on site visits
4. A.O.B

MIN 93 /04/2014 PRELIMINARIES

The chair called the meeting to order then welcomed members. Hon. Rose Boiyon made the opening prayer.

MIN 94/04/2014 CONFIRMATION OF THE PREVIOUS MINUTES

The chair directed the previous minutes to be read which were proposed by the Hon. John Molel as the true minutes of the previous meeting. Hon. William Mosonik seconded.

MIN 95/04/2014 MATTERS ARISING

With regards to Min 84/04/2014, the committee reiterated that returning of cheques dispersed to particular health facility ought to be addressed. The committee resolved that proper facts should be obtained especially during the planned site visits to health facilities. The committee was

concerned that this situation creates unnecessary delays which negatively affect service delivery and the confidence of the public in public institution.

In respect to the issue, the committee agreed that there government should develop a policy to guide development of county health facilities and generally in the health sector.

It was also felt that, the management committees of health facilities should be fully involved in the procurement process of the development projects in their respective health facilities

MIN 96/04/2014 DELIBERATION ON SITE VISITS TO HEALTH FACILITIES

The committee was informed that a draft report for the site visits made to Tegat Health Centre and Sigor sub-district hospital was ready and it was upon the committee to deliberate on it in terms of the observation since not all members were available during the time of the visit.

The observations of the committee were that the two health facilities attend to many patients and thus were of great importance to the residents of the county. It was also noted that the health facilities are currently being renovated by the County government.

Of concern to the committee was the role of the Management committees of these health facilities especially in the development projects. It was noted that the management committee of Sigor sub-district hospital were sidelined by the relevant department of the county executive in the awarding of tenders for the renovation of the facility. On this issue the committee proper procedure should be followed and the management committees ought to be involved.

The committee also resolved that during the remaining three visits, the area MCAs and the management Committees of the health facilities be notified in advance so that they could attend the visits to in the respective health facilities to give their views on various issues on service delivery and management.

MIN 97/04/2014 A.O.B

There was concern about the supply of drugs to the county health facilities and the committee agreed that there was need to look into this matter.

There being no other business, the meeting was brought to an end at 1:30 PM. A closing prayer was made by Hon. Leonard Kirui.

Chairperson Hon. Phinyah Sicho ..... Sign ..... Date 12/05/2014.....

Secretary Kenneth Langat ..... Sign ..... Date 12/05/2014.....

MINUTES OF THE COMMITTEE ON HEALTH SERVICES

HELD IN THE BOARD ROOM ON 21st FEBRUARY AT 2.30 PM

MEMBERS PRESENT

1. Hon. Rose Boiyon
2. Hon. William Mosonik
3. Hon. Julius Korir
4. Hon. Hellen Taplelei Rotich

MEMEBRS ABSENT

1. Hon. Philip Siele - chair
2. Hon John Molel
3. Hon Leonard Kirui- vice chair

AGENDA

1. Preliminaries
2. Confirmation of the previous minutes
3. Deliberation on proposed visits to Level iv Health facilities in Bomet County
4. A.O.B

MIN 21/02/2014PRELIMINARIES

The chairperson called the meeting to order then welcomed members. An opening prayer was then made by Honourable Rose Boiyon.

MIN 22/02/2014PRELIMINARIES

The chairperson then directed the previous minutes to be read. The minutes were confirmed by Honourable Rose Boiyon as true. She was seconded by Honourable William Mosonik.

MIN 23/02/2014 MATTERS ARISING

With reference to the previous minutes the members still felt that clarification on the issue of the building housing the Kenya Red Cross Society was still required from the office of the County Assembly Clerk since it is a gazetted county Assembly Building so as to establish whether the arrangement is permanent or temporary and on the terms agreed upon.

The members also pointed out the Hon. Julius Korir's assertion that the proper procedure was not followed with regards to the acquisition of emergency ambulance was not substantiated since he gave no information to support the assertion and therefore no further action could be taken.

Members also confirmed that since the coming in of the emergency ambulances, a lot of lives have been saved and that in the previous week 36 persons in the county had been saved due to

the presence of the ambulances. The members also confirmed that the doctors and health service personnel in the hospitals where the patients had been rushed appreciated the initiative since it was assisting a lot in helping patients in emergency cases.

The members also reiterated that for the community to take full advantage of the emergency services, sensitization should be done through radio adverts, posters and health department to use health workers in all the health facilities in the county.

MIN 24/02/2014 DELIBERATION ON PROPOSED VISITS TO LEVEL IV HEALTH FACILITIES IN BOMET COUNTY

The chair introduced the day's agenda on deliberations on the proposed visits to all level IV health facilities in the county. The visits were aimed at establishing the status and the level of services being offered by these facilities. She informed members that it will be prudent for the committee to do a visit at least to a health facility in each sub-county. She invited members to identify the health facilities they thought they should visit.

While noting that level IV health facilities are critical in the provision of health services to the public, Hon Rose Boiyon stressed that the level of services provided should be evaluated to establish whether the facilities have the capacity to meet the required standards. She suggested that the research department should avail information to identify all the level IV and the Proposed Level IV health facilities within the county of Bomet.

The members tentatively proposed to visit the following health facilities in the sub-counties

1. Konoin- Cheptalal Health Centre
2. Sotik – Ndanai
3. Chepalungu- Sigor
4. Bomet East- Tegat
5. Bomet Central -Kapkoros

The members suggested that it would be advisable to at least do two health facilities in one visit if it would be possible. The members also thought that it would be better for the committee to make the visits after the meeting with the executive committee member for health services on the 27th February, 2014 who could shed more light on some of the issues with regards to health facilities in the county. It was also agreed that a public health officers in charge of the health facilities should be present with the committee members during the proposed visits.

Resolutions

1. The executive committee member for health services to appear before the committee on Thursday 27th February, 2014 to shed more light on the emergency services being provided by the Kenya Red Cross society and the status of health facilities in the county.
2. That the research department should provide comprehensive information on all level IV and the proposed level IV health facilities within Bomet County

PLANS

1. We have allocated part of renovation money to include; wiring of the room and connecting to the theatre, servicing and buying the missing battery. The plant operator will be hired when the PSB recruits staff.

REPORT ON THE X-RAY MACHINES IN SIGOR SUB-DISTRICT HOSPITAL.

- Sigor Hospital currently has two X-Ray machines which are currently not functional despite their huge demand for diagnostic purposes.
- Their sources are as follows

Machine name	Source	Date received	Inventory number
SIEMENS X-RAY MACHINE	Longisa District Hospital	JUNE 2009	Serial R1868-01584
Mobile x-ray on Castors 100 Ma-R SN 10J147 X-RAY Film processor model JP-33 SN 636892	Walter Reed Project (partner)	11/JULY/2011	Serial number 10J147

- The Siemens X-Ray machine is a stand alone machine which requires an X-Ray room, and technical persons to operate i.e. Radiographer
- The mobile X-ray unit which was donated by Walter Reed Project requires a technical person to operate.

PLANS

1. The technical staff will be hired by the Public Service Board.
2. Money has been allocated to build an X-Ray room. BQs KSH 1.3 million.

REPORT ON THE GENERATORS IN SIGOR SUB-DISTRICT HOSPITAL.

There are two generators at Sigor Hospital.

The first one was donated by JICA. It has not been operational since 2008. The reason for stoppage was because it was consuming a lot of fuel. It uses diesel engine. There are also some spares which are missing. The biomedical department is working on sourcing for spares so that the operation can resume.

There is also a small generator which was donated by Walter Reed Project. It powers the laboratory and the Comprehensive Care Clinics.

RENOVATION

We inherited health facilities whose infrastructure had been run down. Renovation is part of development. In all the sub county hospitals we allocated money for renovation to rehabilitate the existing structures before building new ones. Some of the renovation works include revamping the sewage systems, ceilings, floors, tiling, doors, wiring, paint work and other repair works and fencing and gates. The renovation and revamping has also increased the utilization of the facilities by the public.

Report compiled by Dr Stanley Kiplangat

CEC HEALTH AND SANITATION