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Hon. Omer Ahmad  
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***Committee on Health and Sanitation Services***

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**COUNTY GOVERNMENT OF TAITA TAVETA**



**COUNTY ASSEMBLY OF TAITA TAVETA**

**SECOND ASSEMBLY - FOURTH SESSION**

**COMMITTEE ON HEALTH AND SANITATION SERVICES**

**PROGRESS REPORT  
ON THE  
EXPENDITURE OF KSH. 232 MILLION, COUNTY COVID-19 EXPENDITURE AND  
OUTSIDE CATERING IN THE COUNTY HEALTH SERVICES DEPARTMENT**

**JULY 2020**

## **1.0 CHAPTER ONE: INTRODUCTION**

### **Expenditure of Ksh.232 Million**

The County Government had allocated Kshs.250 million in the financial year 2018/2019 which was later reduced to Ksh.232 million in the supplementary budget. The budget was meant for facelift and procurement of medical equipment in an effort to boost health care standards in the county. In the revised budget, Ksh.100 Million was set aside for Moi County Referral Hospital (MCRH), Ksh.50 Million for Taveta sub-County Hospital (SCH) and Ksh.41 Million for Mwatate and Wesusub-County Hospitals and respectively.

The Committee however received allegations that medical equipment supplied using the funds were not as per the specifications of the user Departments and were therefore not accepted by the Inspection and Acceptance Committees.

### **County COVID-19 Expenditure**

On Monday 15<sup>th</sup> June, 2020, there was public outcry following posts on social media on the alleged misappropriation of Kshs.35, 490,279.87 from the County COVID-19 funds where questionable payments were made for various COVID-19 activities including payment of allowances and hire of Tents and PA systems among others.

### **Outside Catering**

The Committee learnt that Moi County Referral Hospital and the three Sub-County hospitals had adopted an outside catering system of operation where companies were contracted to offer catering services in the hospitals for in-patients and hospital staff. This was contrary to the previous system where the County Public Service Board (CPSB) engaged cooks to offer the catering services and supplies for food stuff and all catering needs were managed by the respective hospitals through the Department.

### **Other issues of concern**

The other issues of concern were:

1. Provision of NHIF services in the County Health Facilities
2. Status of vehicles in the Health Services Department
3. Status of drugs and non-pharmaceuticals

## **COMMITTEE METHODOLOGY**

In view of the above, the Committee visited Taveta sub-County Hospital, One-Stop-Border-Point and Kenya Medical Training College (KMTC) on 1<sup>st</sup> July, 2020 and Moi County Referral Hospital, Mwatate and Wesu sub-County Hospitals on 2<sup>nd</sup> July, 2020 where they engaged the Hospital Management team on the issues under.

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The Committee also held a deliberative session with the County Executive Committee Member (CECM) and the County Chief Officer (CCO) on 17<sup>th</sup> June, 2020 at CC Hall, Wundanyi and another session with the CECM and CCO together with the County Director of Health Services and the County Health Management Team (CHMT) on 7<sup>th</sup> July, 2020 at KMTC Voi.

The CCO also submitted documents related to the expenditure of Ksh.232 Million, County COVID-19 expenditure, the outside catering services and the status of vehicles in the Health Service Department to the Committee for review and consideration.

### **OBJECTIVES**

The Committee objectives were to:

1. To ascertain the allegation raised on the expenditure of the Kshs.232 million budget for facelift and purchase of medical equipment
2. To investigate the allegations raised on misappropriation of the County COVID-19 funds.
3. To assess the viability of the outside catering services in County hospitals.
4. To assess the status of NHIF services in the County.
5. To ascertain the status of vehicles in the Health Services Department.
6. To assess the status of drugs and non-pharmaceuticals.
7. To assess other emerging issues related to the health Services Department.
8. To compile its report and recommendations for consideration by the County Assembly.

### **3.0 CHAPTER THREE: COMMITTEE FINDINGS**

This section contains the findings of the Committee on the various issues under consideration;

#### **3.1: EXPENDITURE OF KSH.232 MILLION**

##### **3.1.1.5: Response by the CECM, CCO and CHMT**

The CECM, CCO and CHMT during a meeting held on 7<sup>th</sup> July, 2020 at KMTC Voi presented as follows on the expenditure of Kshs.232 Million for the Development of County Hospitals;

The supplies were first made in April 2020.

The Committee was informed that the following 2 suppliers were awarded the tender to supply medical equipment after the acting Director, Supply Chain Management recommended as follows pursuant to the provisions of section 80(5) and section 84(1) of the Public Procurement and Asset Disposal Act, 2015;

1. Pasaiba Tourmaline Limited be awarded in line quotes in items for which is the lowest responsive competitive bidder at a tender sum of Ksh.79,846,990
2. Medix East Africa Limited be awarded in line quotes in items for which is the lowest responsive competitive bidder at a tender sum of Ksh.50,294,450.

Pasaiba Tourmaline Limited however later said that they were not in a position to make the supplies due to the restriction occasioned by the COVID-19 pandemic globally.



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### **Due diligence on the Tender Negotiation Number 765306-2019/2020**

The Chairperson of the Tender Evaluation Committee, Dr. Shem Jeremiah vide an internal memo dated 30<sup>th</sup> January, 2020 requested the CCO Health Services for facilitation of the Tender Evaluation Committee to conduct due diligence as provided in section 84 of the Public procurement and Asset Disposal Act, 2015 prior to the award of the Negotiation Number 765306-2019/2020, supply and delivery of Assorted Medical Equipment and Other Supplies for the Department of Health.

In the request, the Committee sought to visit among other Health Facilities, Pasaiba Tourmaline Limited and Medix East Africa Limited two of the major tenderers for pre-inspection of its supplies. The visit was set for 20<sup>th</sup> February, 2020. The Committee was however advised that there was inadequate finance to facilitate the visit.

### **Infrastructure Development from the Ksh.232 million**

A breakdown on the expenditure of the 232M was as follows;

1. Moi County Referral Hospital infrastructure- Ksh.16,632,258.70.
2. Wesu sub-County Hospital- Ksh.22,382,966 where a voucher of Ksh.15,369,024 has been raised so far.
3. Taveta sub-County hospital- Ksh.9,284,031 where a voucher of Ksh.4,121,109 has been raised so far.
4. Mwatate sub-County hospital- Ksh.31,613,188 where a voucher of Ksh.15,384,461

Total for Infrastructure Development for MCRH, Taveta, Wesu and Mwatate SCH is Ksh.79, 912, 438.70

### **Taveta SCH Observations**

The Health and Sanitation Services Committee observed as follows in regards to the expenditure of Ksh.50Million for the Hospital facelift and development as follows;

The Health Services Department failed to support the Evaluation Committee to conduct due diligence after tender evaluation and prior to the award of the tender pursuant to section 84 of the Public Procurement and Asset Disposal Act, 2015. This may have gone a long way to reduce the possibility of delivery of supplies which were not as per specification.

Less than 50 percent of the medical equipment supplied by Medix East Africa Ltd were not per the specifications of the various user Departments. Thus making the contractor unreliable.

The Taveta sub-County Hospital Inspection and Acceptance Committee rejected the medical equipment which were not as per specifications, however, following the resolution of meetings held by the Hospital Management Teams from the 4 hospitals, at KMTC, Voi some of the rejected equipment were accepted with condition.

The Taveta SCH pediatric Ward was converted to an isolation Ward and therefore the Maternity Ward also serves as a pediatric Ward.

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### **Mwatate SCH Observations**

The Health and Sanitation Services Committee observed as follows in regards to the expenditure of Ksh.41Million for the Hospital facelift and development as follows;

The Health Services Department failed to support the Evaluation Committee to conduct due diligence after tender evaluation and prior to the award of the tender pursuant to section 84 of the Public Procurement and Asset Disposal Act, 2015. Conducting due diligence can help reduce the risk and possibility of a contractor supplying equipment that a not as per specification.

Less than 50 percent of the medical equipment supplied by Medix East Africa Ltd were not per the specifications of the various user Departments. Thus making the contractor unreliable.

The Mwatate sub-County Hospital Inspection and Acceptance Committee rejected the medical equipment which were not as per specifications, however, following the resolution of meetings held by the hospital management teams from the 4 hospitals, at KMTC, Voi some of the rejected equipment were accepted with condition.

The Contractor of the Mwatate SCH theatre, Prolite Agency did not put a signage of the ongoing construction as required by the regulations of the National Construction Authority (NCA).

The Committee noted negligence on the part of the contractor of the Theatre; Prolite Agencies, the supervisor of construction and the Health Services and Public Works Department for beginning a construction before removing the power pole.

There are staff gaps in the radiology department since there was only one staff in the ultra sound section and upon absconding duty, the ultra sound machine services were halted.

### **3.1.1.3: Wesu sub County Hospital**

#### **Wesu SCH Observations**

##### **Observations**

The Health and Sanitation Services Committee observed as follows in regards to the expenditure of Ksh.41Million for the Hospital facelift and development as follows;

The Health Services Department failed to support the Evaluation Committee to conduct due diligence after tender evaluation and prior to the award of the tender pursuant to section 84 of the Public Procurement and Asset Disposal Act, 2015. This may have gone a long way in reducing the possibility of delivery of supplies which a not as per specification.

Less than 50 percent of the medical equipment supplied by Medix East Africa Ltd were not per the specifications of the various user Departments. Thus making the contractor unreliable.

The Wesu sub-County Inspection and Acceptance Committee rejected the medical equipment which were not as per specifications, however, following the resolution of meetings held by the hospital management teams from the 4 hospitals, at KMTC, Voi some of the rejected equipment were accepted with condition.

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The Contractor in charge of the renovation of the Wesu SCH X-ray is very slow in completing the major works of the renovation which is fixing the LED rays to enable operationalization of the X-ray Services.

### **3.1.1.4: Moi County Referral Hospital**

#### **Moi CRH Observations**

The Health and Sanitation Services Committee observed as follows in regards to the expenditure of Ksh.100 Million for the Hospital facelift and development as follows;

The Health Services Department failed to support the Evaluation Committee to conduct due diligence after tender evaluation and prior to the award of the tender pursuant to section 84 of the Public Procurement and Asset Disposal Act, 2015. This may have gone a long way to reduce the possibility of the contracted supplier delivering equipment which is not as per specifications.

Less than 50 percent of the medical equipment supplied by Medix East Africa Ltd were not per the specifications of the various user Departments. Thus making the contractor unreliable.

The Moi CRH Inspection and Acceptance Committee accepted with condition the medical equipment which were not as per specifications due to the urgency to operationalize the COVID-19 Isolation Ward.

The MCRH male Ward was converted to a COVID-19 Isolation Ward, patients are therefore referred to Mwatate SCH.

## **3.2 COUNTY COVID-19 EXPENDITURE**

#### **Committee Observations**

The CCO Health Services submitted to the Committee the following documents on the COVID-19 expenditure;

- ❖ On 2<sup>nd</sup> April, 2020, the CERT chaired by H.E. the Governor and co-Chaired by the County Commissioner held a meeting to deliberate on issues concerning County preparedness on the COVID-19 pandemic.

The CERT during the meeting resolved to launch screening sites to screen all passengers destined to Taita Taveta sub-Counties at the major entry points in Manyani, Miasenyi (Engwata) and Njukini. Activities at the screening sites will include; taking body temperature using thermos guns, recording personal details for travelers, data entry and segregation of the data per sub-County to ensure compliance with the 14 days self-quarantine as guided by the MOH.

The launch of the screening exercise was to be done in Kaloleni and Ndii in two hours' time and on 3<sup>rd</sup> April, 2020 be shifted to Engwata, Manyani and Njukini.



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- ❖ The Technical Working Group TWG held a meeting at Moi CRH and among issues under deliberation were the out-sourcing of food and negotiation on event management supplies at the screening sites. The deliberations were as follows;

### **Out Sourcing of Food**

The TWG agreed that due to the proximity of screening points from the main towns, there was need to identify local supplies to offer tea, snacks, water and lunch. The Team Leaders in the 3 screening tasks were authorized to identify food suppliers to offer the meals.

### **Event management supplies**

The TWG went through the framework contract of prequalified list of suppliers for event management and identified Gracious Tent and Sounds to provide the services because of its availability and capacity to provide and manage services in the three sites. The TWG engaged Gracious Tent and Sounds and negotiated prices as follows;

NO.	ITEMS	PRICES AS PER THE TENDER AND SUPPLY AGREEMENT	NEGOTIATED COVID-19 PRICE
1	Tent (100 Pax)	8000	6000
2	Tent (50 Pax)	5000	3000
3	Gazebo (25 Pax)		2000
4	Plastic Chair	40	40
5	Portable Table	1500	1000
6	Portable Toilet	15,000	10,000

Gracious Tent and Sounds therefore made the following supplies;

- i. 100 Seater Tents -4
- ii. 50 Seater Tents -6
- iii. Gazebo Tent -1
- iv. Plastic Chairs -150
- v. Tables -6
- vi. Portable Toilet -5

### **❖ Daily Allowances at the COVID-19 Screening Site**

According to the submission by the CCO, the screening sites operated from 2<sup>nd</sup> April to 10<sup>th</sup> June, 2020. The daily allowances for staff at the 3 screening were summarized as follows;

NO.	STAFF CATEGORY	EGWATA	MANYANI	NJUKINI	SALAITA	TOTAL STAFF	AMNT PER DAY	TOTAL (per Day)
1.	Health Care Workers	15	6	4	3	28	1000	28,000
2.	Security	10	10	3	2	25	840	21,000
3.	Community Health Volunteers	1	0	0	0	1	840	840
4.	Data Clerks	24	0	0	0	24	840	20,160
5.	Red Cross Volunteers	4	4	0	0	8	840	6,720

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6.	Drivers	3	2	1	1	7	840	5,880
	<b>TOTAL</b>	57	22	8	6	93	5200	<b>82,600</b>
7.	Catering (2 Weeks)	273,000	140,000	60,640				<b>473,600</b>

### **❖ Monthly cost for the operation of the 3 screening sites**

The total cost per month was summarized as follows according to the submission by the CCO;

NO.	ITEM	COST PER MONTH
1.	Allowance	2,478,000
2.	Tents	1,480,000
3.	Catering Services	947,280
	<b>Total Cost</b>	<b>4,905,280</b>

### **❖ COVID-19 Renovation/Works and Supplies**

According to the submission made by the CCO, COVID-19 Infrastructural development (renovation and works) at a cost of Ksh.47,281,900 and COVID-19 supplies at a cost of Ksh.14,228,450 are underway with some completed or supplied and others still ongoing

There are challenges in the transportation of COVID-19 samples collected from the various collection points for transmission to KEMRI Kilifi for testing which may compromise the outcome of the results. Screening at Manyani and Engwata screening sites began on 2<sup>nd</sup> April to 10<sup>th</sup> June, 2020 while that of Njukini Screening site began on 2<sup>nd</sup> April to 4<sup>th</sup> July, 2020

The Manyani, Engwata and Njukini screening sites were provided with services including; outside catering, tents, chair, tables, portable toilets, toiletries and batteries for thermos guns.

The Manyani, Engwata and Njukini screening sites involved officers including; Health care workers, security officers, CHVs, Red Cross officers and drivers who are yet to be paid their allowances.

The Health Services Department established a data entry center with 24 officers assigned to key in and analyze data collected from Manyani, Engwata and Njukini for dissemination to the RRT.

#### **3.2.1: Response from the County Hospital Management Teams**

The Committee on Health and Sanitation Services found as follows during the hospital visits and stakeholders engagement;

##### **Taveta SCH Observations**

The Health and Sanitation Services Committee observed as follows in regards to COVID-19 expenditure;

The Taveta SCH pediatric Ward was converted to an Isolation Ward and therefore the Maternity Ward also serves as a pediatric Ward.



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Staff assigned to serve in the Isolation Ward and Quarantine Centers and other COVID-19 activities such as sample collection are yet to be paid their allowances.

There is inconsistent supply of Personal Protective Equipment. The gowns and masks supplied by the County Government were of low quality.

There are staffing gaps at the Isolation Ward since the MOH recommended doctor to patient ratio for critically ill COVID-19 patients is 1:1 but currently there are 6 staff assigned to the ward. In case of COVID-19 critical cases in the County, the staff will be overwhelmed.

The Taveta Isolation Ward does not meet the MOH standard of an Isolation Ward. It has a 20 bed capacity with no piped oxygen or ventilators.

The process of collection of COVID-19 samples from the County and transmission for testing to KEMRI Kilifi is costly, time consuming and compromises the outcome of the results considering the distance to be covered and the delays in provision of means of transport.

Community Health Volunteers are playing a critical role in the County COVID-19 activities including sensitization and screening on COVID-19. The CHVs will also play a key role in the home based care system yet they are not given allowance for the services rendered.

### **3.2.1.2: Mwatate SCH**

#### **Observations**

The Health and Sanitation Services Committee observed as follows in regards to the COVID-19 expenditure;

The hospital received 5 ventilators from the National Government. The facility however has one monitor, 2 oxygen cylinders and 3 oxygen concentrators which are not enough to operate the five ventilators.

Staff involved in COVID-19 activities are yet to be paid their allowances.

There is inconsistent supply of masks by the County Government.

Community Health Volunteers are playing a critical role in the County COVID-19 activities including sensitization and screening on COVID-19. The CHVs will also play a key role in the home based care system yet they are not paid any allowance for the services rendered.

### **3.2.1.3: Weso SCH**

#### **Weso SCH Observations**

The Health and Sanitation Services Committee observed as follows in regards to the COVID-19 expenditure as follows;

Staff involved in COVID-19 activities are yet to be paid their allowance.

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The facility has not been provided with PPEs and equipment for the Isolation Ward currently under renovation. Staff to serve in the isolation Ward are also yet to be identified.

There are challenges in the transportation of COVID-19 samples collected at Wundanyi CC Hall for transmission to KEMRI Kilifi for testing which may compromise the outcome of the results.

Community Health Volunteers are playing a critical role in the County COVID-19 activities including sensitization and screening on COVID-19. They CHVs will also play a key role in the home based care system yet they are not given any allowance for the services rendered.

### **3.2.1.4: Moi CRH**

#### **Moi SCH Observations**

The Health and Sanitation Services Committee observed as follows in regards to the COVID-19 expenditure as follows;

Staff involved in COVID-19 activities such as sample collection, screening, outreaches, sensitization and trainings are yet to be paid their allowances.

There are challenges in the transportation of COVID-19 samples collected from the various collection points for transmission to KEMRI Kilifi for testing which may compromise the outcome of the results.

Community Health Volunteers are playing a critical role in the County COVID-19 activities including sensitization and screening on COVID-19. They CHVs will also play a key role in the home based care system yet they are not given allowance for the services rendered.

The piping of the oxygen has been completed in the isolation ward only and the oxygen plant is yet to be delivered and installed.

## **3.3: OUTSIDE CATERING SERVICES**

### **3.3.1: Response from the County Hospital Management Team**

#### **Observations**

The Health and Sanitation Services Committee observed as follows in regards to outside catering services in the Health Services Department;

The County Health Services Department has a pending bill of Ksh.11,170, 666 with suppliers who used to supply food stuff before the outside catering system was adopted as at 20<sup>th</sup> September, 2019 as follows;

- i. MCRH- 6, 713, 518
- ii. Taveta SCH- 2, 616, 365
- iii. Mwatate SCH- 1, 174, 721

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- iv. Wesu SCH- 351, 114
- v. Wundanyi- 314, 948

The outside catering system for Level 4 and Level 5 hospitals was approved by the Cabinet 4<sup>th</sup> December, 2019 upon a request made by the former CECM.

The approved budget estimates for the Financial Year 2019/2020 for outside catering is as follows:

- i. MCRH-7,700, 000
- ii. Taveta SCH- 3, 700, 000
- iii. Mwatate SCH- 3, 100, 000
- iv. Wesu SCH- 3, 487, 063
- v. Wundanyi Hospital- 2, 392, 238

That the County Government on 6<sup>th</sup> day of April, 2020, entered into a one year contract with Cholmart Enterprises, Multipack Logistics Limited, Heavy Weight Ventures, and Exage Solutions Limited to offer outside catering services at MCRH, Taveta, Wesu and Mwatate SCHs respectively while the hospitals cater for water, electricity and fuel costs and provide the companies with a kitchen and utensils.

That Cholmart is yet to be paid Ksh.3.5 million for outside catering services offered for two months in MCRH and Ksh.1.2 million for Heavy Weight Ventures for the two months outside catering services offered in Wesu SCH. From this revelation, it is clear that the above approved budget for catering services for MCRH and Wesu SCH is inadequate and the County Government is likely to have issues of pending bills for outside catering services.

### *3.3.1.1: Taveta Sub-County Hospital*

#### *Taveta SCH Observations*

The Health and Sanitation Services Committee observed as follows in regards to the outside catering services;

The HMT was not involved in the decision making process of adopting the outside catering system.

The outside catering company signed a one year contract with the county government to provide catering services.

The estimated cost for outside catering meals per day (Ksh. 650) is expensive in comparison to the in-patient charges per day (Ksh.250). The county government is therefore operating at a loss with the outside catering system where an inpatient is charged Ksh.250 per night while the county government pays approximately ksh.650 for food per day for the same patient. The county government also incurs costs for utility bills including water, electricity and fuel.

The company and its staff are not certified/licensed by the public Health department to provide the catering services.



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Cooks previously hired by the County Public Service Board were deployed to serve in other Departments.

The Quality and quantity of food has improved.

Health care workers can now concentrate with their core mandate with minimal interruptions stemming from catering services and follow up on supplies

### **3.3.1.2: Mwatate SCH**

#### **Mwatate SCH Observations**

The Health and Sanitation Services Committee observed as follows in regards to the outside catering services;

The HMT was not involved in the decision making process of adopting the outside catering system.

The outside catering company signed a one year contract with county government to provide catering services.

The estimated cost for outside catering meals per day (Ksh. 650) is expensive in comparison to the in-patient charges per day (Ksh.250). The county government is therefore operating at a loss with the outside catering system where an inpatient is charged Ksh.250 per night while the county government pays approximately ksh.650 for food per day for the same patient. The county government also incurs costs for utility bills including water, electricity and fuel.

The company and its staff are not certified/licensed by the public Health department to provide the said services.

Cooks previously hired by the County Public Service Board were deployed to serve in other Departments.

The Quality and quantity of food has improved.

Health care workers can now concentrate with their core mandate with minimal interruptions stemming from catering services and follow up on supplies

### **3.3.1.3: Wesu SCH**

#### **Wesu SCH Observations**

The Health and Sanitation Services Committee observed as follows in regards to the outside catering services;

The HMT was not involved in the decision making process of adopting the outside catering system.

The outside catering company signed a one year contract with county government to provide catering services.

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The estimated cost for outside catering meals per day (Ksh. 650) is expensive in comparison to the in-patient charges per day (Ksh.250). The county government is therefore operating at a loss with the outside catering system where an inpatient is charged Ksh.250 per night while the county government pays approximately ksh.650 for food per day for the same patient. The county government also incurs costs for utility bills including water, electricity and fuel which the HMT said that the bills have become too expensive to foot.

The company and its staff are not certified/licensed by the public Health department to provide the said services.

Cooks previously hired by the County Public Service Board were deployed to serve in other Departments.

The Quality and quantity of food has improved.

Health care workers can now concentrate with their core mandate with minimal interruptions stemming from catering services and follow up on supplies

### **3.3.1.4: Moi CRH**

#### **Moi CRH Observations**

The Health and Sanitation Services Committee observed as follows in regards to the outside catering services;

The HMT was not involved in the decision making process of adopting the outside catering system.

The outside catering company signed a one year contract with county government to provide catering services.

The estimated cost for outside catering meals per day (Ksh. 650) is expensive in comparison to the in-patient charges per day (Ksh.250). The county government is therefore operating at a loss with the outside catering system where an inpatient is charged Ksh.250 per night while the county government pays approximately ksh.650 for food per day for the same patient. The county government also incurs costs for utility bills including water, electricity and fuel

The company is not certified/licensed by the public Health department to provide the said services. However, the cooks have been taken through the ordinary public health tests and certified.

Cooks previously hired by the County Public Service Board were deployed to serve in other Departments.

The Quality and quantity of food has improved.

Health care workers can now concentrate with their core mandate with minimal interruptions stemming from catering services and follow up on supplies

### **3.4: OTHER ISSUES OF CONCERN**

#### **3.4.1: National Hospital Insurance Fund Services**

##### **Observations**

The Committee on Health and Sanitation Services observed as follows in regards to the National Hospital Insurance Fund services in the County;

That NHIF funds played an important role in the management and provision of Health services in County Health Facilities. The Level 5, Level 4 and Rural Health Facilities offered NHIF Services ranging from Linda Mama, Common Mwananchi and Civil Servants program. Refunds from the NHIF services rendered were used by the Health Facilities to improve the facilities and even purchase some drugs and non-pharmaceuticals for the NHIF patients.

That the County Finance and Economic Planning Department directed that all hospitals including NHIF funds shall be deposited into the County Revenue Fund account pursuant to section 109 (2) of the Public Finance Management Act, 2012, which stipulates that the County Treasury for each county government shall ensure that all money raised or received by or on behalf of the county government is paid into the County Revenue Fund.

This new system has posed so many challenges and affected the efficient provision of services to NHIF clients in all the Health Facilities. Refunds from the County Revenue Fund are delayed and therefore most Health facilities are unable to services machines, improve the facilities, or even purchase drugs and non-pharmaceuticals for NHIF clients when they run out of stock. NHIF clients are in turn forced to purchase some of the drugs and non-pharmaceuticals as they wait to be refunded for the purchases made. A critical case is cited of the Dialysis Centre where patients are at times forced to use their own money to by some drugs and non-pharmaceuticals which are currently out of stock.

#### **3.4.2: Status of Drugs**

##### **Observations**

The Committee on Health and Sanitation Services observed as follows in regards to the status of drugs and non-pharmaceuticals;

That all drugs and non-pharmaceuticals are stored at the central drug store in Wundanyi.

That there is no established plan or system to distribute drugs from the central drug store to the Level 5, Level 4s and the 62 Rural Health Facilities in the County.

That all Health Facilities are expected to find means to transport and replenish depleted stock of drugs and non-pharmaceuticals from the central drug store.

That patients are sometimes forced to purchase drugs and non-pharmaceuticals when Health Facilities run out of stock.



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### **3.4.3: Vehicles in the Health Services Department**

The Committee on Health and Sanitation Services observed as follows on vehicles in the County Health Services Department;

#### **1. The Donated Ford ambulance**

The cost incurred for the ambulance to reach the County was Kshs.8, 268,750 and the clearance charges Kshs.3, 000,000 making a total cost of Kshs.11, 268,750. The spare part of the ambulance are available at CMC Motors, Mombasa.

The status of the Ford Ambulances is as follows;

- i. 06CG075A- Working and in good condition
- ii. 06CG073A-Ceased engine on 2<sup>nd</sup> October, 2019. CMC Motors did inspection and currently awaiting repairs
- iii. 06CG074A-involved in a road accident on 15<sup>th</sup> October, 2019. CMC Motors did inspection and currently awaiting repairs

The Committee found out that there are 13 functional vehicles, 2 vehicles repaired with bills yet to be settled, 14 repairable vehicles and 5 disposal vehicles in the Health Services Department

**Mr. Speaker Sir, the Committee on Health and Sanitation Services is yet to compile its recommendations for consideration by the County.**

CONFIRMED.....DATE.....

HON. OMAR AHMED, MCA/CHAIRPERSON

COMMITTEE ON HEALTH AND SANITATION SERVICES