COUNTY ASSEMBLY OF NAKURU

THE HANSARD

Third Assembly (Second Session)

Wednesday 8TH March, 2023

Assembly Building

The House met at 10:25 AM

[Temporary Speaker (Hon. Elijah Murage) In the Chair]

PRAYERS.

PAPER

NAIVASHA MUNICIPAL BOARD PROJECTS FOR THE YEAR 2019 TO 2023.

The Temporary Speaker (Hon. Elijah Murage): There is a Paper to be laid by the Chairperson of the Committee on Lands, Physical Planning and Urban Development

Hon. Peter Palanga: I wish to lay a Paper in regard to the Report of the Naivasha Municipal Board of Naivasha. I wish to lay the Paper.

Hon. Njuguna Mwaura: [On a Point of Order] the reason as to why you have the table in this House is so that whoever is moving the Business at a time can be near the Mace. It was not by default but by design; and a senior Member like Honourable Palang'a ought to guide the rest of the Members including myself on the traditions of this House. Therefore, it will not be good if we just fault the traditions of this House and I wish that you rule that Chairperson raise and move the Business in the Order Paper while he is near the Mace.

The Temporary Speaker (Hon. Elijah Murage): Chairperson for the Committee on Lands come forward.

Hon. Peter Palanga: Thank you honorable Speaker for the guidance. I stand advised; we do not need to belabor too much on this. The information is what I said and I want to repeat. We as the Committee on Lands Housing, Physical Planning and Urban Development on behalf of the Members, I wish to lay the Report of the Naivasha Municipal Board Projects for the year 2019 to 2023. I am humbled to lay the Paper before the House.

The Temporary Speaker (Hon. Elijah Murage): Next Order, there is a Notice of Motion by Chairperson from the Committee on Lands, Housing, Physical Planning and Urban Development.

Hon. Peter Palang'a: Honorable Speaker, I wish to give a Notice of Motion that this House adopts the Report of the Committee on Lands, Housing and Physical Planning on the status of Naivasha Municipal Board Projects, I give the Notice of Motion to that effect.

The Temporary Speaker (Hon. Elijah Murage): Thank you Honorable Palang'a. Next order.

MOTION

MATERNAL DEATHS AT THE NAIVASHA SUB-COUNTY REFERRAL HOSPITAL

The Temporary Speaker (Hon. Elijah Murage): There is a Motion from the Chairperson of the Committee on Health Services Honorable Njuguna.

Hon. Njuguna Mwaura: Honorable Speaker, I wish to move some amendments on the Order Number 8 (Motion) and it has some typo error or something like that. The Motion reads, that this House adopts the Report of the Health Service Committee on the Maternal Deaths at the Naivasha Sub-County Referral Hospital tabled before this House on Monday. It is common knowledge that we usually do not appear here on Mondays but we come here as per our schedule and as per the time table and as the gazettement states that we are here on Tuesdays which was yeaterday and not Monday.

The Temporary Speaker (Hon. Elijah Murage): Honourable Njuguna it is well noted, it was a typo error.

Hon. Njuguna Mwaura: Thank you Mr. Temporary Speaker, I rise to move a Motion that this House adopts the Report of the Committee on Health Services on the Maternal Deaths at the Naivasha Sub-County Referral Hospital tabled before this House on Tuesday as amended, 7th March 2023 during the afternoon Plenary. Allow me to acknowledge the Committee on Health Services for volunteering and also investment of their energy towards this venture of them going to investigate or to look for facts as far as maternal deaths are concerned at the Naivasha Sub County Referral Hospital.

Allow me to give the background information of Naivasha Sub County Referral Hospital. This facility was established in 1920 as a Dispensary on a Level Two located at the District Headquarters. It was moved to the current location in 1950 and elevated to a Health Centre and further it was elevated to a Sub-District Hospital in 1963. History is good because it is like a Compass and I would wish the House flows with me because we would wish to draw the attention of the House as far as this history is concerned.

Then to a Level Four Hospital in 2007 and in 2019 the Hospital was elevated to the current status of High-Volume Level Four Facility. The reason why I called the indulgence of the House as far as background information is concerned is because this facility was established before the Country got independence and the kind of negligence we are experiencing today in this facility calls for alarm and therefore I would wish to request the Honourable Members to invest their energy there so that they can critique, probably because a Hospital that was established before independence

and mothers are still dying there is questionable and the history will be our Compass today so when we shall be coming up with deliberations of the House the Members will be well guided.

The Facility which is now a Level Four has 273 bed capacity at the Maternity that was constructed by the Friends of Naivasha (Women Centre) and it was opened in 2013 under philanthropy or individuals came together to rescue it and constructed a very huge Maternity Wing that before in this County was only a Maternity Facility one would have said was the best Maternity we used to have by 2013 all the way to 2017 because we have established Mother and Baby in 2019.

In July 2005, Naivasha Sub County Referral Hospital, and we want to drop that term "*Referral Hospital"* this facility is not a Referral Facility but it is a High-Volume Level Four and erroneously we start calling it a Referral Hospital, this is a fault of Africans of calling a big spoon a spade and this is such kind of scenario whereby a spade is being called a big spoon.

In 2015, the Naivasha Sub-County Facility opened an Emergency Department called Accident and Emergency or Casualty to manage the large volume of road accidents from the nearby Highways. The Facility is sandwiched by two Highways and by so or by nature it means all accidents that usually occur in those two Highways which are International Roads all end up in this Facility. The Facility also has a Radiology Department which was renovated and received a brand new Ultra Sound and X- Rays Machines including a portable X-Ray Machine. The portable X-Ray Machines are digital that can move from one site to another for the purposes of Imaging of Patients at different locations of the facility or even outside the facility and then thereafter it processes that data using a disc.

The Facility serves residents from Naivasha Sub-County, Nyandarua County, Narok County, Kiambu County and Kajiado County. Patients requiring Specialist Care or if available an Intensive Care Unit (ICU) bed can transferred via referral to Nakuru County Referral Hospital through referrals. It means that the facility does not have an ICU bed or High Dependency Unit (HDU) and that is why I am saying it is not a Referral Hospital. Other cases are being referred to Kenyatta National Hospital in Nairobi or Nairobi Hospital because they are nearer than coming back to Nakuru therefore it means Majority of the Referrals end up in the National facilities at times. Allow me to give the chronology of precedents of our facilities as far as Referral systems are concerned.

We shall start with Level One, and for the purposes of the Members it constitutes of Ambulatory Services and the Community Health Volunteers (CHVs). They form the first cadre of the Health Department. They are manned by the Public Health Officers. Level Two are the Dispensaries and they are run by Nurses. We go to the Health Cadre which is the Health Facility which are run by a Clinical Officers, two nurses and usually have a Lab Technologist and it has a Medical Lab. The kind of the medication that are there are prescribed by the Clinical Officer.

After that we go to a Level Four which are low volume. Low Volume Level Four are having Theatre Services and it is run by the Medical Officer and it comprises of Laboratory Services, it can have Imaging Services and can have things to do with CCC and a proper Pharmacy.

From the Low Volume Level Fours, we have one in Elburgon, one in Keringet and one in Olenguruone. These are Low Volume Levels that we have in our County. We have realised there is some confusion and allow me to go to Level Three; in Level Three we have Bondeni Dispensary, Langalanga, Subukia and we have facilities that actually occupies that Level. We have one of the hospitals at the periphery in Rongai and we have one of Hospital as Level Three. I cannot recall its name; it is in the periphery near Baringo County.

The only High Volume Level Four is Molo, Naivasha and Gilgil including the number of patients that frequent there to offer services. They can also offer specialised services like Dialysis. They also have consultancies in those facilities.

Then number five Mr. Speaker, you have Level Five which is a Referral Facility. At that Level we can start giving it the PGH status, which is the only Level Five that we have Mr. Temporary Speaker and that they also offer services like Dialysis, Chemo services and other services Mr. Temporary Speaker. And they have a high level of Specialists, that is consultancies and they also have Orthopedic Theaters and other facilities.

Mr. Temporary Speaker, allow me now to go back because the other Levels that we do not have; those are Levels Six which are National Facilities.

Mr. Temporary Speaker, the Committee visited this facility following a public outcry relating to maternal deaths reported at Naivasha Sub- County Referral Hospital to find out the status of the matters reported. Additionally during the same period, the Nakuru County Government had dissolved Naivasha Level 5 Hospital Board following complaints of negligence and poor governance and so the Committee pursuant to its mandate had to ascertain the same.

The Board was dismissed following an uproar from the public regarding the delivery of services that reportedly led to the death of a mother on January 17th, 2023. At the same time, residents of Naivasha on Tuesday January 18th blocked the road leading to the facility to protest the death of the patient who had been admitted.

When we arrived, we had some engagements with the Hospital Management Committee and Mr. Temporary Speaker, number one of the stakeholders that we met there was the Hospital Administrator and the rest under the hospital system manages the Departments and they ensure that things are moving smoothly Mr. Temporary Speaker as far as Administration is concerned.

The said Administrator said that the Naivasha Sub–County Hospital has 337 staff but the expected number Mr. Temporary Speaker is 602. Therefore there is a big gap. And Mr. Temporary Speaker when I tabled the PGH Report I said these two facilities that we have in the Country they depict whatever we have on the ground in other facilities and therefore Mr. Temporary Speaker you can see we have a at least a shortage of 50% averagely of the staff of our facilities.

Mr. Temporary Speaker the facility has employed 145 on their own local arrangements which is not good because all their Revolving Fund usually ends up paying the staff that have been contracted by the facility. Mr. Temporary Speaker we noted that there is an acute shortage of staff.

OUTPATIENT DEPARTMENT.

The facility has an Accident and Emergency Department that was opened in July 2015. And this Department doubles up as the Outpatient Department Mr. Temporary Speaker so that they can manage the high number of accident cases that happen on our roads.

The officers Mr. Temporary Speaker have certain arrangements whereby the staff usually appear to the facility on a duty roster system or in a system whereby Mr. Temporary Speaker they usually exchange duties. The three shifts are from 7:00am – 2:00pm, 2:00pm – 8:00pm and 8:00pm – 7:00am. They also have a Pharmacy.

Hon. Peter Palang'a: Mr. Temporary Speaker. I wish to seek your indulgence and give guidance to this House if need be. I want to appreciate the way the learned friend honorable Njuguna is giving his Report and is getting into details so that we get to understand. But Mr. Temporary Speaker why I seek your indulgence is if we go reading word by word and we go explaining what that word means and these Members also require some time for Members to interrogate the Report for purposes of adopting this Report.; so why I am seeking indulgence that the honorable Learned Friend does a summary of this other than now reading each and every statement and explaining what that statement means. Then Mr. Temporary Speaker we will lack time for us to participate. So I seek for indulgence and guidance to this so that the Hon. Chair does a summary of this and I know he is able and I know with your direction he will comply.

The Temporary Speaker (Hon. Elijah Murage): Hon. Njuguna do a summary so that we can have time for debate

Hon. Njuguna Mwaura: Mr. Temporary Speaker the reason I am doing this in this House is because we do not have Medics and I would urge this House to employ Researchers of different specialties so that we can be doing proper oversight.

However Mr. Temporary Speaker I also wish to request the Assembly to come up with a tailored system of training the Members on these terminologies and this … Mr. Temporary Speaker you can agree with me we do not have Medics in this House and if I do not go to the nitty gritty Mr. Temporary Speaker, tomorrow some of the mishaps will be coming up. Mr. Temporary Speaker however, I am well guided and I am about to summarise because these are some of the things that we are discussing …different.

Mr. Temporary Speaker I am on the floor and I do not want any information.

Hon. Peter Palang'a: It is not a point of information Mr. Temporary Speaker, what the Member is saying is incorrect. We have the Majority Leader of this House who is within the fraternity of Medics Mr. Temporary Speaker so it is not fair for the honorable Member as he is to mislead the House because we have the Medics and we are also Learned Members in this House. And Honorable Alex as well.

The Temporary Speaker (Hon. Elijah Murage): Honorable Njuguna we have two Medics here. We have Honorable Alex…

Hon. Njuguna Mwaura: But they are Members of this House, not employees but I am glad because they are also Members of Health Committee. And Mr. Temporary Speaker, I can tell you they are very resourceful to us. If only we can have Researchers on that field we can appreciate.

But Mr. Temporary Speaker I said the reason why I said so, the rest of the Members are not from the Health Committee. And tomorrow they might find themselves in a corner Mr. Temporary Speaker. I will not go through as honorable Member is saying, but I want to go because there is an outline and I know things are legible here. I will go to the specific case that took us to that facility.

The Temporary Speaker (Hon. Elijah Murage): What is it Honorable Jane?

Hon. Jane Gituku: Mr. Temporary Speaker I would request that when we have such kind of documents we also be served with them because I know this County Assembly is full of photocopiers so that we can also follow what our honorable Member is talking about. Yes please?

The Temporary Speaker (Hon. Elijah Murage): Honorable Jane, the documents were served yesterday in the afternoon.

Hon. Jane Gituku: Ooh sorry.

Hon. Njuguna Mwaura: Mr. Temporary Speaker I request you give the House guidance and also protect me Mr. Temporary Speaker because these Members just to negate this House to other activities and to give us some invitations that actually will draw the attention away from this Report Mr. Temporary Speaker because apart from being a Health Committee Report, it is a healthy report that will give us a clue of what is happening in our Department.

I want Mr. Temporary Speaker to draw the attention of the Members to page 11. On case one of the maternal issues at Naivasha facility as Honorable Palang'a who is my senior said so that we can flow and save time. This was the first case that was reported on 6th. And Mr. Temporary Speaker I would wish here we go slow so that the Members can also understand.

CASE ONE

The patient was admitted on 6th January 2023 at 9:00am. She delivered on 7th January 2023 and she was delivered by a midwife. They said the allegations that the patient delivered on the floor unattended were not true. I want Members to check that and confirm that allegation if it was true. After delivery, the mother had postpartum hemorrhage. The condition was managed through blood transfusion and she was stabilised.

On 9th and 10th January 2023, the patient was stable. However on 11th January, 2023 she was weak and pale. Her blood pressure was 126/66. More blood transfusion was done and hemoglobin levels were at 3.5. The situation deteriorated and at around 7:00pm it was agreed that the patient be put on oxygen and be taken to the Intensive Care Unit which I had earlier said the facility does not have.

The hospital had no space at their Facility. They tried to look for an Intensive Care Bed at Kijabe, P.G.H Nakuru and Kenyatta National Hospital but they could not secure any. On 12th January, 2023 at 10.15am the patient succumbed and was reported dead.

The matter elicited reaction and the Department of Health in the County Government of Nakuru initiated investigations to establish what really transpired. That is self-explanatory and I want to say maternal issues are not emergency issues. This lady was going there for prenatal services and she was being examined by the Medics there and they had a report of this patient and if they did not have, the patient had a record and therefore when they said they were just caught off-guard because of the issues that came later that is a questionable matter. But when investigations were done by the Department they identified the following gaps

GAPS IDENTIFIED

- It was noted that the Caesarian Section ought to have been done earlier rather than wait for the patient to deliver normally.

That is the first thing that the Department said that is negligence and it cannot be qualified to be anything.

The death could have been avoided if they had adequate facilities such as Theatre and ICU beds. The delay was also occasioned by lack of theatres and theatre beds but they have a theatre that was constructed back in 2013 but has not been equipped but as you look at the Report, the facility receives something to do with Kshs. 55 million quarterly.

The recommended proactive Monitoring and Evaluation of labour and post-partum is 30 minutes. However, with acute shortage of staff it was not practical.

CASE 2.

The patient was admitted on 16th January, 2023. She said the expected Estimated Date of Delivery (EDD) was 17/12/2022. She complained of being postdate with mild laps, non-radiating, not increasing in frequency and intensity which were on and off. That is labour contraction and relaxation.

On 16th January 2023, at 0900hrs upon observation, it was agreed that the patient be induced after Scan.

The Temporary Speaker (Hon. Elijah Murage): Hon. Njuguna, there is a problem with your shirt and we are live on facebook.

Hon. Njuguna Mwaura: Thank you Mr. Temporary Speaker sir. Though this is not the changing room and because I was belaboring to wake up and sit down that was the occasion. Allow me to continue; on 17th January 2023 the patient was induced at 0800hrs and was being observed. On 18th January, 2023 at 1800hrs, it was noted that the cervix was 4cm dilated, centrally located, short and thin, draining clear liquid, caput forming, and moderate contractions. They planned to review and if no progress of labour was reported, intervention through Caesarian Section was to be done. From 16th to 18th, that is when the specialists are coming to tell us that they want to take that lady to theatre.

At 1630 hrs on 18th January, 2023, a review was done and it was noted that the cervix was 7 cm dilated, descent 2/5 cervix long and thick, caput forming, sweeping done, moderate contractions, FHR 120-128bpm. It was agreed that the patient be taken to theatre. The patient was prepared for theatre at 1715hrs.

However, due to preceding emergencies the patient was taken to theatre at 1940hrs. At 2000hrs the Caesarian Section was done and the mother was stable. It is also noted that nobody was concerned about that lady and therefore, all issues that came later were due to negligence.

On 19/01/2021 at 1530hrs- The PV bleeding was noted and clots expelled. Some medication were administered. Further, the speculum exam done by the doctor on call and the patient was stable. The PV bleeding stopped.

On 20th January, 2023 at 2030hrs, patient reported of PV bleeding, review in consultation with OBS/GYN consultant was done. The speculum was done, the cervix was opened, clots noted on the cervical. No lacerations noted on the vaginal wall and cervix.

The PV bleeding stopped, plan was to transfuse patient with 3 pints of blood, monitor vitals hourly, monitor urine output and monitor recurrence of the PV bleeding.

On 21st January 2023 at 0830hrs the patient raised concern of PV bleeding. The patient was reviewed in consultation with OBS/GYN consultant and a plan for exploratory laparotomy, GXM, FHG and 3pints of blood was prepared. At 0925hrs the patient was taken to theatre. You can see from 16th to 25th January, 2023, the patient was still at the facility and at that time, the caregivers who were supposed to be taking care of the patient were not given any information and therefore, there are issues in those facilities and in our facilities.

Findings while in theatre

- Clots within the uterine cavity after reopening of the lower uterine sediment transverse incision.
- Minimal oozing from uterine incision site.
- Active bleeding noted from the left uterine edge.
- Normal bladder, normal abdominal organs.
- Oozing noted from entire myometrium, Bleeders ligated, clots within uterine cavity expelled.
- B lynch suture inserted, uterine artery ligation performed bilaterally.

Patient still noted to be oozing, from entire myometrium (muscular outer layer of the uterus) and a decision made to perform subtotal hysterectomy (surgical operation to remove part or all the uterus). Oozing was still noted from the cervical stump. A diagnosis of DIC (*Disseminated intravascular coagulation*-is a serious disorder in which the proteins that control blood clotting become overactive.*)* was entertained.

The patient was transfused with whole blood while intra-op and at 0100hrs the patient got a cardiac arrested on the table. Resuscitation was done by a multi- disciplinary team for 45 minutes, where ROSC was achieved (Resumption of spontaneous circulation)

The plan was to transfer the patient to ICU for close monitoring and inform the relatives on patient's condition. Family conference was done with the medical team to inform the husband and sister on interventions**.**

The patient was taken to the ICU from the Maternity theatre and on observation she was sick looking and very pale. Blood transfusion of 5 pints were administered intraoperatively.

At 1715hrs the patient went into cardiac arrest, 2 cycles of CPR (Cardiopulmonary resuscitation- is an emergency procedure that can help save a person's life if their breathing or heart stops) were administered, FFP (*Fresh frozen plasma*-is used for patients with a coagulopathy who are bleeding or at risk of bleeding, and where a specific therapy or factor concentrate is not appropriate or unavailable. infusion was ongoing, per rectal bleeding noted to be ongoing.

At 1800hrs the patient went into another cardiac arrest, resuscitation done for 15 minutes but it was unsuccessful. The relatives informed at 1830hrs and the patient was certified dead at 1850hrs.

Gaps Identified

- Lack of proper documentation in trending lab works such as FHG(Full Haemogram -is a blood test that checks for the presence of any diseases and infections in the body, results for post-op patients for ample follow-up.
- Clinicians to give a high index of suspicion and to anticipate mass transfusion with multiple blood products e.g. whole blood, PRBCs, FFP to be requested pre-operatively to enable smooth coordination between lab personnel and theatre team in timely acquisition of blood products,
- Provision of abdominal packs to maternity theatre. In severe PPH cases, there is a risk involved in using high small gauze count numbers.
- Increasing personnel (Nurses, MOs, Anesthetists)to enable opening and proper running of the 2nd maternity theatre as the department has high number of patients and at times need may arise to cover multiple emer8gency caesarean sections at ago.
- Provision of Defibrillators in theater and areas handling emergencies in the hospital.

Engagement with the spouse of the deceased

The Committee had a consultative meeting with the one of the deceased's family member. They explained how the hospital management kept them in the dark until the last minute. They faulted the hospital for lack of proper communication channel. They said their kin used to tell them that the staff were not responsive to her concerns.

To add salt to the injury, the husband said that his late wife was taken to the theatre without being consulted and when she passed on the management never consoled them in any way.

FINDINGS AND OBSERVATIONS AT NAIVASHA SUBCOUNTY REFERRAL HOSPITAL.

1. Members after thorough interrogation of different Department's staffs and the bereaved family members they established that there was negligence and hence the mothers that died were not warranted to die.

2. The Hospital lack enough supervisory tools hence the staff work on their comfort attitudes. It was noted somewhere while we were doing our own findings that the doctor that was attending to the second lady, it was said that when this went out of hand, it was reported that she was asleep that time and when he was requested to come, he said that he was tired. That is why I want to say that these are the matters that need to be checked. In fact one of the staff had to leave the outpatient to go and attend to that lady.

3. The hospital lacked strategic communication procedures that would establish mutual relations with the patients and care givers.

OTHER FINDINGS

4. Acute shortage of Human Resources

The facility has 337staff out of the required 602and therefore understaffed which has been occasioned by failure to replace Officers lose by attrition and those who seek other opportunities. The Chairperson to the Committee on Health assured members of the public that the matter would be resolved by the County Government through budgetary allocation towards employment of Health Workers which in turn will enhance service delivery.

5. Inadequate Infrastructure to cater for increasing needs.

The Hospital maternity has two theatres; one is operational while the other theatre has not been equipped since 2013.

The hospital facilities and resources over time have been overstretched owing to the huge number of patients, as the hospital also receives patients from the neighbouring Counties such as; Nyandarua, Kiambu, Narok and as far as Laikipia who depend on it.

6. The Hospital land has no title deed. There is alleged encroachment on the hospital land.

7. There is misuse of funds depicted by huge pending bills.

Recommendations

The Committee made the following recommendations;

1. That, a Multi Sectoral team constituting KMA, KMPDU, County Human Resource Department, County Public Service Board ,County Attorney and other Health Stakeholders should be formulated to probe and subject the officers in question to disciplinary action.

2. That, the Department should invest on proper supervisory tools to monitor the staff at work and ensure quality service delivery.

3. That, the Department should install Biometrics Identification Systems for the staff and install the CCTVS on various Departments to intensify supervisions.

4. That, the Department should hire Social Workers and Public Relations Officers who should address the care givers, guardians and members of public when cases similar to the subject case are encountered.

5. That, the External Auditors/Forensic Auditors should be engaged to probe the piling pending bills at the facility.

6. That, the County Government of Nakuru should allocate funds in the FY 2023/24 towards settlement of verified pending bills and debts at the Naivasha Sub County Referral Hospital.

7. That the County Government should allocate funds in the FY 2023/24 towards employment of Health Workers and purchase of equipment to operationalise the theatre and other areas at Naivasha Sub-County Referral Hospital.

8. That the County Government of Nakuru should liaise with the Department of Lands and Physical Planning to ensure that the facility gets its title deed.

9. That the County Government of Nakuru through the Department of Health should have proper and clear channels of communication to the members of the public on matters affecting the patients at the Hospital.

That is the Report and I wish to request this House to relook onto these matters and take them seriously because we are potential customers of the said cases. I am still active and I am planning to increase this world at a proportional number and therefore, I do not wish either my sister or my wife to have the same ordeal that the patient went through.

I would wish to request Hon. Alex Mbugua to second and because he comes from the area and we were with him, he can enlighten us as he seconds.

I wish to move this Motion and request these Members to pass it and also this should not serve as a storybook. It should be acted upon and each Department must own its responsibilities of making sure that this facility must move forward.

Hon. Alex Mbugua: Thank you Mr. Temporary Speaker sir. Let me start by commending the Chairperson Health Committee Hon. Njuguna Mwaura. Indeed this Committee has done so much as per visitation to these hospitals and investigations as to why some patients are suffering. Last week the Chairperson delivered a Report on the misdeeds and happenings at the Naivasha Level 4 Hospital. You will be amused to know that the Naivasha Hospital serves around 350 000; that is as per the census 2019. We have a concentration of other Sub-Counties that are surrounding for example Nyandarua, Gilgil, Narok and part of Kiambu. There are some cases that are happening within Naivasha Hospital that this County Assembly has put through the Committee on Health that should be investigated and caution taken.

There are two case scenarios that have been cited within this Report. You find that a patient suffers for almost nine hours at the labour ward. Finally as a Medic Mr. Temporary Speaker, there should be judgement on when to place a woman or an expectant mother on a C-section but this could not happen at that hospital. Lives have been lost there. While we were doing our investigations and visitations there, we had families who came around and said that the previous night they had lost their own kin within the same facility. Ken Gen has placed some money within that region and we have a Kshs 300 million infrastructure going on at the Outpatient Department and the other parts but the negligence of the Medics within these Departments continue ailing the people of this region.

I feel that other Committees should follow what the Health Committee is doing because they are going to where the people are. We are the voice of the people and if we are the voice of the people then we must get to the core of what is really happening in our society. I support this Motion and this Report from this Committee and ask the Members that we do proper investigations of all our Health Centres. As the Chairperson Budget, I remind you that every Financial Year we normally place around Kshs 7- 8 billion on health matters. A whopping Kshs 4 billion goes to the recurrent payment of salaries. If we do not have a structure that is checking on the autonomy of these hospitals then we shall have lost a whole generation and as our Chair has said he is a potential bed man and I am equally still there. I feel that our ladies should be well protected to ensure that we have future voters and makers of this Nation. I beg to support this Report. Thank you.

(Question proposed that this House adopts the report of health services Committee on maternal deaths at the Naivasha sub county referral hospital tabled before this House on Tuesday, 7th March 2023 during the afternoon plenary).

The Temporary Speaker (Hon Elijah Murage): The Motion is now open for debate.

Hon. Rose Chepkoech: Thank you Mr. Temporary Speaker sir. I am here to support the Motion because the maternal deaths have become many and most of the cases that we have been told are High Blood Pressure and other complications. We need our nurses to manage that issue. The population in Naivasha is so high; over 350 or more Health Workers should be employed and

provide supervision tools to monitor staff such as biometrics and CCTV cameras. Another thing is to get more equipment to operationalise the theatre at Naivasha. Thank you.

The Temporary Speaker (Hon Elijah Murage): Hon Eliud.

Hon. Eliud Kamau: Thank you Mr. Temporary Speaker sir. First, I would like to commend the Committee on Health for the Report but I think this Report should not be taken lightly at all because we are talking about a case where we have two families without a mother. I think somebody must be held responsible for this. If you look at the population in Naivasha, we have nine Wards and we also have other Counties that depend on that Level 4 Hospital. In the recommendation I wish they would come up with a way or formula to ease that population because we have another upcoming Level 4 Hospital and it has been dormant for almost two years. That will help ease that population. From the Report, the hospital is receiving over 100 Caesarian Section cases from their maternity and it does not have a nice unit. I do not know how we expect not to receive such cases in the future if a hundred patients are taken for Caesarian Section. As this House and as a County we need to look at this hospital in another angle. As I finish, let me talk about the two cases, as the recommendation of this Committee somebody must be responsible. Thank you.

The Temporary Speaker (Hon Elijah Murage): the Hon. Kanyere then Hon. Maritim in that order.

Hon. Anthony Kanyere: Thank you so much Mr. Temporary Speaker sir. May I start by saying that I stand to support this Report by the able Committee on Health. They have done a good job. Mine is just to highlight some issues that I can see are lacking in the Report. When these two incidences occurred it was all over the news that the Management Board of the Hospital was taken home by the Appointing Authority which is the Governor. I would like to ask this Committee if they had time to sit down with the Board and to know what happened because having been a Board Member of one of the facilities, I find it not prudent to just sacrifice the Board when such a thing happens because the Board of Management of a facility like a hospital does not have the mandate of day to day running of the facility. So when such a thing happens and it boils down to the Board, I think to me I do not take it lightly. The Board should have been given time to go through the matter and give a comprehensive Report. Just to ask what comes first, the Board should have given the Report then the Report be acted upon. For me I find that wanting. Also, there is this thing about maternal health; I think we are going on a negative trajectory. I remember we used to have the Beyond Zero Campaign and nowadays we have things like maternal death. It is disheartening to find that our ladies, sisters and mothers are going through what has been reported in this Report.

As a County Government we should embark on programmes like Beyond Zero Campaign so that we can sensitise everybody that is a Player in these facilities. One of the recommendations that has been highlighted in the Report is about the Social and Public Relations Officers. I understand that we have people called Community Health Volunteers in our Facilities and I think it is better if we involve them in such things. Just to mention, these people have not been paid for a long time. It is upon the Committee to look onto the issue concerning Community Health Volunteers (CHVs). I support the Report. Thank you so much for this time.

The Temporary Speaker (Hon Elijah Murage): The Hon. Maritim, Hon. Palang'a and Hon. Jane from Maiella in that order.

Hon. John Maritim: Thank you Mr. Temporary Speaker sir. I rise to support the Motion and also to highlight some issues. On the issue about negligence, I believe we have fathers and mothers. Getting a kid is not a simple thing, in a thousand trials, you can get one or at times it even fails. It is not good when the kid that one was expecting dies because of somebody's negligence. Another issue is on workers. Referral Hospitals need 602 workers but here we are dealing with a figure of 337. This is a big deficit of workers there. For this negligence to occur, the employees are overworked or less paid. The best thing is that the Human Resource labour should be there so that the function of the hospital goes on very well.

Finally is about the issue of financial lay out 2023-2024 on pending bills. I think this House should pass this Motion so that the hospital will get that amount of funds for them to operationalise well. When those funds are given to that hospital, things will work well and operations will be okay. Thank you.

The Temporary Speaker (Hon. Elijah Murage): Hon. Palang'a.

Hon Peter Palang'a: Thank you Mr. Temporary Speaker for giving me this opportunity to contribute to this. I will also use this occasion to indulge the Members starting from you as the Temporary Speaker that any other time we will be presiding over, the precedence give it that when a senior Member like myself happens that we are standing up or rising on our feet with the other Learned Friends who are juniors in nature then my seniority takes precedence that you give me a chance to speak before but that is for the another time. However, that we should not be competing when a senior guy is standing up because that is Parliamentary Practice, then you give me that opportunity in the first place. On a light touch, allow me to start by appreciating the contributions given by the good Committee led by…

Hon. Hassan Haji: *Mheshimiwa Spika,* point of information.

The Temporary Speaker (Hon. Elijah Murage): Yes Hon. Member.

Hon. Hassan Haji: *Mheshiwa Spika,* I do not know wat our senior Member Hon. Palang'a is trying to place here; is it intimidation to other junior Members? We should also be given time to also learn the many things. Hon. Speaker maybe with your guidance, Hon. Palang'a should stop intimidations. Thank you.

Hon. Peter Palang'a: Mr. Temporary Speaker there are some things we cannot wish them under the table. Let us take ourselves back to the time of swearing in ceremony; we were sworn in based on the seniority and that is a fact. That notwithstanding, if Majority Leader stands up, he should be given opportunity to speak prior to any other person and so to the Leadership, and that is Parliamentary Procedure. It is not intimidation and thus some facts cannot be changed and of course you cannot compare a four-term Learned Friend with a first timer.

(Laughter)

Mr. Temporary Speaker allow me to go further so that we do not labour ourselves too much on this because that is a Parliamentary Practice. To start appreciating the Committee as I had stated in terms of what they had given up and what they have found out. In fact to start with Mr. Temporary Speaker, I was informed by our Hon. Chair some other issues that probably I had not known, this is in regard to the naming of the facilities. He is saying that Naivasha Referral Hospital which has been known as a Referral Hospital for a number of years, that name should be changed to Level Four High Volume Hospital but not a Referral Hospital.

Therefore I think it will also go down in terms of we will need to do some to change the people who have been served in that facility including the notice board that has been done by this good County Government indicating and those boards indication that Naivasha is referred to as a Referral Hospital.

Therefore as we learn on that we also get to know that a number of issues that we have to undertake because it is in the minds and it is all over and funds for this County have been used to publish and indicate that Naivasha being a Referral Hospital. That notwithstanding Mr. Temporary Speaker, I think I have picked up some number of issues within the Report which I want to mention from the onset from where I am and my conviction I support this particular Report from this able Committee. Just to echo the words of my Learned Friend, the sacking of the Board Members of course we have to get the records straight today as we converge here to deliberate on the Report that has been given by the able Committee. It is when we are adopting the Report on the findings of this able Committee investigating the matter. The sacking of the Board to me was misplaced in the first place. We should have suspended even the officers so that the investigations are done and on adoption of the findings thereof, then the consequences or action must be taken so in my view, the sacking of the Board Members which again does not run the facilities on day-to day operations that was misplaced and that ought not to have been done. I would really be very comfortable to learn that the Board Members were at some point equally being investigated and got some findings on the running of the facility. The words I am underlying is conflict of interest in terms of probably putting of the Board so that again we have people on board of our choice which again was untimely. That is my observation.

Allow me to go straight to the issues we want to look at, this County Government of Nakuru, it has a whole allocation of more than Kshs 7 Billion in regards to the Health Department alone. We will also want to ask ourselves questions as we are looking at in terms of issues of staffing, facilities. If we have not been able to account for the Kshs 7 billion-plus prudently, then when we are talking of even on enhancing or anything, we must reflect ourselves and get to understand where the problem is. Is it the issues of corruption? Is it issues of staffing or reluctance of the people because it is true that at some point this ought not to have happened? The deaths, we happen to lose our young ladies, our residents; this should have been corrected but again, with all Kshs 7 billion, we should have had proper supervision that has been written here. There are some gaps somewhere which we should tighten our belts and get to know that we get to do things done right. You look at the timeframe within which this patient was supposed to have gone to theatre, a whole 3 hours from 17 and 15 hours up to that late hours that need to be checked on. Why do we allow to lose our patients just because of laxity in terms of coordinating from one level to another in

terms of treating our patients? That is unacceptable and must be looked into and ensure the culprits are brought to book. I am a resident of Naivasha for a couple of years and some of these issues being raised are real especially the shortage of staff. Can you imagine if you happen to get a patient and get yourself to hospital only to get one Clinical Officer?

Hon. Jane Gituku: [On Point of information].

Hon. Peter Palang'a: To the House or to me.

Hon. Jane Gituku: To the House.

Hon. Peter Palang'a: Good.

Hon. Jane Gituku: We do not have a quorum; we are less than 25 Members. I was thinking whether the Motion should continue or we adjourn Mr. Temporary Speaker

Hon. Peter Palang'a: Mr. Temporary Speaker, allow me to not act on behalf of the Whips; we have able Whips in this House and Hon. Jane should as well kindly liaise with the Whips who can confirm this. You have a very valid point but you are misplaced in terms of your mandate because that ought to have come up from the Whip. So allow me to continue because the Whip will guide me if any but otherwise your concerns should be addressed by the Whips. I was on a point where I was talking about laxity. The shortage of staff within our clinics or hospitals. I was surprised a week ago when it happened. I was taking a patient who was critically sick; I realised and I witnessed we have one Clinician who has to attend to all cases reported overnight and we are human beings; if such a situation is persisting we also expect that human being to get tired at some point. If an Officer at some point indicate that he or she is tired, again it is factual but how do we get to remedy this. We have to work on how to have the staff that are commensurate to the numbers that are coming in. I am a teacher by profession and I know at some point teacher-student ratio, there is a standard number of pupil or student ratio per teacher. So this needs to be looked into and why we should put our staff to a lot of pressure to an extent that they cannot deliver to the mandate they are supposed to do. So we need to also enhance the staff ratio.

I want to summarise by saying the recommendations here given in regard to the issue of title that the facility do not have a title, I wish to request that this House adopts this Report so that again it gives us the mandate as the Lands Committee and to an extent the Implementation Committee not only on that but so many other issues that have been recommended here for us to implement. I beg to support but Members as we do this, just picking words from Hon. Njuguna, let us not pass this Report only for the Document to gather dust in our shelves

Hon. Njuguna Mwaura: [On a point of Order. I arise on Order 95 (i) that requires adjournment of a debate. I rise to request this House and your indulgence as far as that Order is concerned. I wish to read the said order "A member who wishes to postpone to some future occasion the further discussion of a question which has been proposed from the Chair. May claim to move that the debate be now adjourned; that is the evening hours or afternoon hours when even the ladies will be here because we are celebrating Women's Day and they are they are the first consumers.

Therefore if they can be allowed to come back to the House in the evening we can ventilate and also they give us their views and experiences as far as our facilities are concerned and therefore I wish to move that we adjourn till the afternoon so that we can resume to this debate because it is a weighty debate and bearing in mind that the Fiscal Strategy Paper has just been tabled in this House. Different deliberations are now before certain Committees so that we can check the parameters that our budget is addressing in this Financial Year so that we can guide the Department as per the wish of the House. Therefore I wish to move we adjourn because of the sensitivity of the matter you consider that.

The Temporary Speaker (Hon. Elijah Murage): I now propose the question that this House be adjourned; Hon Njuguna, You need a seconder.

Hon Njuguna Mwaura: I wish to request Hon. Virginia who is a Whip and a Member of the committee to second.

Hon Virginia Gicaga: Thank you Mr. Temporary Speaker sir, I arise to support that we adjourn the debate until the afternoon session when most Members will be present. If you look at the mood of the House, most Members were present and want to contribute but today we are celebrating International Women's Day and it is being held here in Nakuru, so most of the ladies are there. This Report is touching most of the women issues so that is why I second that we adjourn until the afternoon session, thank you Mr. Temporary Speaker.

The Temporary Speaker (Hon. Elijah Murage): Thank you.

(Question put and agreed to that this Motion is adjourned until the afternoon session)

(Question put and agreed to)

The House stands adjourned until 2.30pm.

The House rose at 11.37AM