



COUNTY ASSEMBLY OF BUNGOMA

OFFICE OF THE CLERK

BUNGOMA COUNTY

COMMITTEE ON HEALTH

A REPORT

ON

**THE ALLEGATIONS OF NEGLIGENCE, INADEQUATE SUPPLY OF
DRUG, CORRUPTION AND UNDER STAFFING AT BUMULA SUB-
COUNTY HOSPITAL AND NDALU HEALTH CENTRE**

Clerks Chambers
County Assembly Buildings
PO BOX 1886,
BUNGOMA, KENYA.

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CHAPTER ONE

PREFACE

1.1 COMMITTEE MANDATE

Hon. Speaker Sir,

The Sectoral Committee on Health is constituted pursuant to the provisions of Standing Order No.217 of the County Assembly of Bungoma and executes its mandate in accordance with Standing Order 217(5) which provides as follows:

- a) Investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration, operations, coordination, control and monitoring of budget;
- b) Consider quarterly reports of the assigned departments and report to the House within twenty-one (21) sitting days upon being laid;
- c) Study the programme and policy objectives of departments and the effectiveness of the implementation;
- d) Study and review all county legislation referred to it;
- e) Study, access and analyze the relative success of the departments as measured by the results obtained as compared with their stated objectives;
- f) Investigate and inquire into all matters relating to the assigned departments as they may deem necessary, and as may be referred to them by the County Assembly;
- g) To vet and report on all appointments where the constitution or any law requires the House to approve, except those under *Standing Order 204* (Committee on Appointments); and
- h) Make reports and recommendations to the House as often as possible, including recommendation of proposed legislation.

1.2 COMMITTEE MEMBERSHIP

Hon. Speaker Sir, the Committee as currently constituted comprises the following Members,

1. Hon. George	Makari	Chairperson
2. Hon. Jerusa	Aleu	Vice – Chairperson
3. Hon. Meshack	Simiyu	Member
4. Hon. Tony	Barasa	Member
5. Hon. Jack	Wambulwa	Member
6. Hon. Orize	Kundu	Member
7. Hon. Idd	Chamawi	Member
8. Hon. Dorcas	Ndasaba	Member
9. Hon. Joan	Kirong	Member
10. Hon. Vitalis	Wangila	Member
11. Hon. Jacob	Psero	Member
12. Hon. Anthony	Lusenaka	Member
13. Hon. Job	Mukoyandali	Member
14. Hon. Miliarh	Masungo	Member
15. Hon. Grace	Sundukwa	Member

1.3 ACKNOWLEDGEMENT

Hon. Speaker, Sir,

On behalf of the Committee on Health Services, I wish to express my gratitude to the Offices of the Speaker and the Clerk of the County Assembly for the support provided to the Committee.

May I take this opportunity to thank all Members of the Committee for their effort and time during the site visiting exercise and their participation and contributions in drafting this report.

Hon. Speaker Sir, it is now my pleasant duty on behalf of the Committee to present this report to this Honorable House for adoption.

Sign  Date: 5/10/23

HON. GEORGE MAKARI, MCA

CHAIRPERSON, SECTORAL COMMITTEE ON HEALTH AND SANITATION

CHAPTER TWO:

2.1 Background and guiding principles

Hon. Speaker Sir.

On 24th August, 2023, residents of Ndalú demonstrated on the roads against the management of Ndalú Health centre with allegations that there was negligence in offering services at the facility, lack of essential drugs, lack of proper equipment at the facility to meet the demand of the catchment population and that staff at the facility were involved in selling hospital drugs to patients against the laid down procedures and medical professional ethics.

Subsequently, on 3rd September 2023 at approximately 1.00 a.m, it was alleged the area Member of County Assembly (MCA) stormed the Bumula Sub-County hospital with allegations of there having been stances of negligence, corruption and favoritism among staff at the facility.

The two instances prompted the committee and on its volition, the committee decided to visit the two facilities in a view to establish the truthfulness and gravity of the matters aforementioned in its obligation of representation and oversight. The visit would also serve to deter similar incidents from re-occurring across the health facilities in the county.

This report therefore, presents an overview of the committee's assessment of the aforementioned events at the two facilities while focusing on the establishment of the facilities, services offered in relation to the infrastructure network, staffing issues, and the instances of negligence and corruption allegations made.

The committee went for a fact-finding mission of the two facilities on 6th of September, 2023 took a tour of the facilities and thereafter, held a round table consultative meetings with the management where key issues were highlighted and conversed by the relevant officers including a subsequent engagement with the department of Health and Sanitation

2.2 Objectives of the Report

Mr. Speaker Sir,

The committee on Health services visited the areas affected namely Bumula Sub-County Hospital and Ndaluh Health Centre with aim to ascertain the claims made by the area member of County Assembly concerning Bumula Sub-County Hospital and the public outcry in relation to Ndaluh Health Centre. The committee made the visits with a view for its information, and to advise and offer amicable solution in consultation with the department on staffing, equipping and management of health facilities in the affected areas and the County at large.

2.3 Legal framework

Hon.Speaker Sir,

In carrying out this noble activity, the committee was guided by the following legal provisions in executing its mandate:

The Constitutional Principles on standards and norms for public service delivery

The provisions of section 117 (1) & (2) of the County Governments Act,2012 on standards and norms for public service delivery state that;

- (1) A County Government and its agencies shall in delivering public services-
 - a) Give priority to the basic needs of the public;
 - b) Promote the development of the public service institutions and ensure that all members of the public have access to basic services.
- (2) Public services shall be equitably delivered in a manner that accords to-
 - (a) Prudent, economic, efficient, effective and sustainable use of available resources;
 - (b) continued improvement of standards and quality;
 - (c) Appropriate incorporation of the use of information technology; and
 - (d) Financial and environmental sustainability.

Hon. Speaker Sir,

Part (IV) of the Bungoma County Health Services Act No.5 of 2019, more particularly Sections 29 and 30 on Health planning and Management provide that;

Section 29 (1) In accordance with the County Governments Act,2012,the department shall prepare a ten-year health plan which shall provide among others for-

- (a) investment in physical infrastructure in the County Health units;and
- (b) human resource strategy and development. Section 30(1) Each county health unit established under Section(8) of the Act,shall be a planning unit.

(2) Each planning unit shall-

- a. develop a five year strategic plan which shall be approved by the respective Board/Committee.
- b. prepare annual estimates of income and expenditure;and
- c. implement county health policies and programs at the respective level.

(3) a strategic plan prepared under sub-section (2) shall be in accordance with the health plan prepared under Section 29.

Hon.Speaker Sir,

Article 43 on Economic and social rights provide that-

(1) Every person has the right -

- a. to the highest attainable standard of health,which includes the right to health care services,including reproductive health care;
- b. d)to clean and safe water in adequate quantities.

(2) A person shall not be denied emergency medical treatment.

Furthermore, the provisions of Part 2 on the rights and fundamental freedoms,,Chapter Four of the Constitution under Article 37 on Assembly, demonstration, picketing and petition states that;

Every person has the right,peaceably and unarmed,to assemble,to demonstrate,to picket and to present petitions to public authorities.

Further, Article 195 of the Constitution, stipulates as follows;

- 1) A County Assembly or any of its committees has power to summon any person to appear before it for the purposes of giving evidence or providing information.
- 2) For the purposes of clause(1), an Assembly has the same powers as the High Court to-
 - a) enforce the attendance of witnesses and examining them on oath, affirmation or otherwise;
 - b) compel the production of documents; and
 - c) issue a commission or request to examine witnesses abroad.

CHAPTER THREE

3.1 NDALU HEALTH CENTRE

3.1.1 Establishment and equipping at the facility

Mr. Speaker Sir, the committee had a privilege of visiting the health facility and noted the following;

Establishment of the facility

The facility is a level three(3) health facility operating 24 hours a day and is located in Tongaren Sub-County, Ndalul Tabani Ward. The facility has a catchment population of 32, 441 people.

Services offered

Services offered at the facility include but not limited to: maternal Child Healthcare services, Ante-natal services, Child Welfare services, Maternity services, Out Patient, In-patient services, Laboratory services, Comprehensive Care Clinic, Pharmacy, Public Health, Nutritional and general Ward Management services.

Staff establishment

Mr. Speaker Sir, Ndalul Health Centre has a total staff of 19, (10 employed by the County Government and 9 by partners), and 8 support staff who are distributed as below:

- | | |
|----------------------|---|
| 1. Clinical officers | - 3 (one employed by Dumisha Afya) |
| 2. Nurses | -6 (one employed by Dumisha Afya) |
| 3. Lab technician | -2(one by Global Fund and the other by the facility). |
| 4. H.R.I.O | - 2 (facility employed) |
| 5. P.H.O | - 2 (one employed by the GOK and one volunteer) |
| 6. Nutritionist | - 1 |
| 7. Driver | - 1 |

Support Staffs

The support staff employed by the facility are as follows;

- | | |
|-------------|----|
| 1. Cleaners | -3 |
| 2. Security | -3 |
| 3. Cook | -1 |

4. Groundsman -1

The management submitted to the committee that the facility lacks a pharm-technician and that the lab-technician, who is a nutritionist, doubles up as a pharm-technician at the facility.

The facility has employed five (5) technical staff paid through the collections done at the facility. These officers include one storekeeper, two record officers, one laboratory technician and one public health officer.

Funding and the wage bill

The facility, apart from receiving funding from the ministry, depends mostly on support in form of capitation from DANIDA, LINDA MAMA, EDU AFYA and NHIF. That for the last financial year, the facility did not receive the user fees from the department making it difficult to sustain its purchases.

The facility has a monthly wage bill of Ksh. 115,000 and currently, has accrued a bill of Ksh. 684, 450 comprising motor vehicle repairs of Ksh. 144,250, wages for Casual of Ksh. 418, 200 and electricity bill of Ksh. 122,000. The facility management informed the committee that there are minimal collections done in cash through a revolving fund which in turn facilitate aids in purchase of drugs, especially those out of stock.

Infrastructural set up at the facility

The facility has the following infrastructural set up;

1. HFMC support
2. A standby ambulance.
3. Strengthened community facility referrals
4. A screening desk available
5. Availability of hand washing equipment
6. Good viral suppression above 90%
7. PMTCT- No HEI positive more than two years
8. Client retention (CCC) above 80% in the FY 2019/2020

3.1.2 Complaints of negligence and corruption

Case of the death of a patient at the facility

Mr. Speaker Sir,

The committee's second objective of the site visit in Ndaluh Health Centre was to establish the circumstances leading to the death of a patient at the facility and the subsequent demonstrations by the members of the community over an array of issues herein discussed.

The committee held a round table consultative meeting with the management of the facility in the presence of the Hospital Board chairperson and the area chief. The management informed the committee that the deceased was a male Kenyan adult by the name Mr. Jeremiah Atandi aged 61 years from Bituyu, Ndaluh Sub-location.

The late presented at the facility around 8:00pm, on 22/8/2023 with a history of chest tightness, cough, wheezing and difficulty in breathing, he was a known Asthmatic patient who had been attending Ndaluh Health Centre severally due to acute Asthmatic Attack.

He had initially been referred to Kitale County referral hospital for a chest X-ray and senior review but he did not go. On that material day, the staff on duty attended to the patient as per standards but he did not respond to treatment. The nurse on duty made a decision to refer the patient but unfortunately, the facility ambulance was at the garage.

The caretakers were in a hurry and could not wait for the staff on duty to source for another ambulance. They decided to put the patient on a motorbike to go and wait for an oncoming vehicle, but unfortunately, he died while still waiting for the vehicle. One staff was at the market and requested members to take him back to the facility. On arrival back, he was certified dead.

The area chief informed the committee that a meeting was called involving the family of the deceased, the hospital management and members of the community and the matter was explained and clarified, hence settled.

On the matter of staff selling drugs at the facility, the management confirmed the allegations and submitted that in deed, staff were selling drugs to the patients away

from the knowledge of the management. It was reported that disciplinary measures had been taken against the staff involved and had so far been transferred.

COMMITTEE FINDINGS ON NDALU HEALTH CENTRE

Mr. Speaker Sir, the committee noted the following at Ndaluh Health facility;

1. There is an acute under staffing at the facility. With a total staff of 19, only 10 are government employees while 9 are employed by partners.
2. The facility lacks a pharm-technician, and the lab-technician, who is a nutritionist doubles up as the pharm-technician at the facility.
3. That only one staff, a nurse, handles the night duty at the facility
4. There is an erratic supply of drugs mostly through KEMSA who end up supplying what they have rather than what the facility requires.
5. The facility collects cash from patients for some services offered. The money is put in a revolving fund and used to purchase drugs.
6. The facility has a monthly wage bill of ksh.115,000 and has so far accrued a bill of Ksh. 684, 450 comprising motor vehicle repairs of Ksh. 144,250, wages for Casuals of ksh. 418, 200 and electricity bill of ksh. 122,000.
7. The facility did not receive the service (user) fees from the department for the last financial year making it difficult to sustain its operations.
8. The standby ambulance though functional, is not equipped. The ambulance has a bed only.
9. There is lack of piped water. The facility uses water from a borehole shared with the nearby community.
10. The facility lacks a power backup and experiences difficulties in its operations during power outages.

The case of skewed employment

Mr. Speaker Sir,

It was submitted that the hospital board normally reviews contracts after a three month period to determine the suitability for extension and termination for those with disciplinary issues. A total of 10 contracted staff were terminated after several advisory meetings over disciplinary issues. One notable case involved a nurse who carried out undocumented abortion at the facility at night. The case was picked up by the directorate of criminal investigations. Other misconducts included indiscipline, releasing patients from the hospital without due process, receiving money from the patients, lateness, conflict of interest among others.

Further, it was noted that five nurses had been promoted and transferred to other facilities after successful completion of their training, one officer had retired and two were due for retirement. Arising from the promotions, retirements, natural attrition and terminations, the hospital was left without key personnel hence prompting the management to make requests to the Chief Officer via a letter dated 7th July, 2023. The Chief Officer approved the request for six extra technical personnel. During hiring, priority was given to qualified individuals who had been working in the facility as volunteers and especially those from Bumula Sub-county that is Kitabisi, Muanda and Khasoko areas.

Claims of un-procedural hiring of a driver

It was reported that the facility had a total of three drivers but one was transferred. The remaining two are engaged on permanent and casual terms respectively. Arising from the transfer, the hospital management made a request to the Chief Officer for an additional driver which was approved setting the stage for new recruitment. The interviews were conducted by a transport officer from the department. Three drivers showed interest but one withdrew upon being requested to avail his documents claiming that he was no longer interested. The other two proceeded with the interview and one driver was subsequently recommended for the position.

The current board has only held one meeting since its inauguration in June 2023. The board has however, received several reports of employment of none locals after a thorough scrutiny, it established that majority of the general duty workers are from

within Bumula. Four technical staff out of 36, comprising two nurses, a clinical officer and a lab technician come from the neighbouring communities.

The ambulance Services

The management submitted that the ambulance services play a critical role in the facility by providing emergency medical transportation for patients in need of urgent medical care. These services are essential for rapid delivery of medical attention to patients at the scene of an emergency and transporting them to healthcare facilities where they can receive appropriate treatment.

Waivers and exemptions

The management submitted that there was a lot of misinformation and political interference on waivers at the facility. There were cases of requests for waivers for patients who were in position to pay, or had already paid the bills. The medical superintendent stated that cases where patients demand for waivers in contravention of the laid down procedures have also become rampant at the facility.

The medical superintendent reiterated that hospitals may allow waivers for several reasons, primarily to ensure access to necessary medical care, address financial hardship, and uphold their mission of providing healthcare services. That whereas hospitals recognize the significance of bill waivers, there are established procedures to be followed in determining deserving cases in order to prevent abuse, ensure fairness, transparency and accountability. Patients who qualify for bill waivers are assessed on a case-by-case basis through a waiver committee.

COMMITTEE FINDINGS ON BUMULA SUB-COUNTY HOSPITAL

1. There is no collaboration between the health facility and the local political leadership on administration of the facility a fact affecting management of the hospital and the local community at large.
2. The hospital despite efforts to establish a blood bank, lacks comprehensive blood types forcing the facility to make referrals to other facilities.
3. There is limited information on hospital bill waivers to the general public in relation to availability, purpose, and benefits of bill waiver program.
4. The community's expectations on waivers, job opportunities is high leading to tension and pressure to the hospital management.
5. The hospital continues to experience shortage of medical staff, which has affected the overall quality of patient care.
6. The committee noted that several measures have been put in place to avert further crisis including; initiating a mentor-ship program with BCRH where nurses are attached to maternity and new born units, regular webinars with the BCRH team with discussions focusing on maternal and newborns, and regular visits by the BCRH nursing team to the facility for guidance, technical support and monitoring.

3.3 SUBMISSION FROM THE DEPARTMENT OF HEALTH AND SANITATION

Mr. Speaker Sir,

The committee requested for an engagement with the mother department on the two cases and department submitted to the committee as follows;

Response on the incidence at Ndaluh Health Centre

The department submitted that it received information on 23rd August 2023 about the incident on Ndaluh Health Centre through social media. The County Executive Committee Member sent a team on the ground and the following were the findings;

On 22nd August 2023 at around 8.00 pm a patient by the name Jeremiah Atandi was received at the facility with chest pain, chest tightness and cough. He was a known asthmatic patient to the facility. The officer on duty quickly attended to him as an emergency case (Nebulization done). The patient's response was poor prompting the officer to refer the patient to another facility. Since the facility vehicle (Ambulance) was in garage and before officer called an ambulance from Naitiri, the care giver opted to look for an alternative means for referral (Motor bike). The patient died a few kilometers from the facility and the body was taken back to the facility.

The patient (Jeremiah Atandi) had been referred earlier in the week to seek medical attention in a higher-level facility including X-Ray examination but they didn't.

Response on the incident at Bumula Sub-County Hospital

It was reported that the department had received a report and concerns of the Bumula Ward MCA, and the eventual incidence at the facility. The County Executive Committee Member and the Chief Officer visited the facility and held discussions with the management to resolve the matter. The department has since initiated management steps to address the matter.

CHAPTER FOUR

COMMITTEES GENERAL RECOMMENDATION

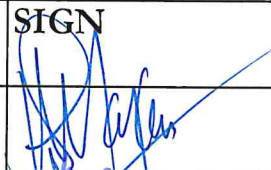
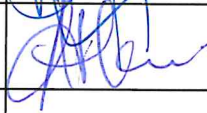
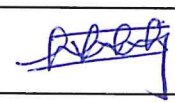







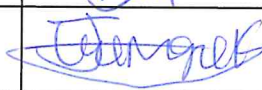

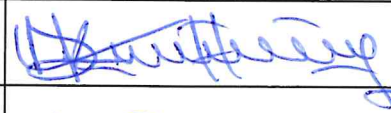
Mr. Speaker Sir, the committee therefore, gives the following recommendations:

- 1) **THAT**, there is need urgent induction of the newly inaugurated hospital board members across the county to enable them perform their duties and create smooth operation with hospital managements.
- 2) **THAT** County Health headquarters expedite and fully automate collection of revenue in all facilities to avoid revenue leakages being experienced.
- 3) **THAT** the County Government should give a clear policy guideline on waivers, exemptions and reimbursements which are cited as major contributors to the low revenue base in the county.
- 4) **THAT** County Government should expedite and deploy a pharm-technician at the Ndaluh Health centre.
- 5) **THAT** the County Government to pay technical and support staffs employed at Ndaluh Health centre.
- 6) **THAT** the County Government should meanwhile, take up motor vehicle maintenance and fueling of vehicles and electricity bills at Ndaluh Health Center to assist the facility offer services.
- 7) **THAT** there is an urgent need of additional recruitment of the medical personnel for the two facilities to ensure that patients receive the highest level of care possible.
- 8) **THAT** any courtesy call to the facility by leaders and other stakeholders should be coordinated and be done during regular working hours to minimize disruptions of normal operations and patient care.
- 9) **THAT** there should be continuous improvement in maternal healthcare services, including efforts to address blood supply challenges and optimize community education and healthcare-seeking behavior to reduce delays in seeking medical care by management of Bumula Sub-county hospital.

- 10) **THAT** the Bumula Sub-county hospital management should establish systems for timely referral of expectant women with complications to higher-level healthcare facilities to avoid loss of lives as has been experienced in recent times.
- 11) **THAT** the Bumula Sub-county hospital management should involve communities in maternal health programs, raise awareness about the risks of home births and encourage facility-based deliveries in Bumula Sub-County and its environs.
- 12) **THAT** there should be a clear communication on user fees to level three and two hospital in tandem with the relevant laws.
- 13) **THAT** the monthly wage bill of ksh.115,000 and the accrued bills of Ksh. 684,450 comprising motor vehicle repairs of Ksh. 144,250, wages for Casuals of ksh. 418,200 and electricity bill of ksh. 122,000 is not sustainable. The department should come in and assist the facility to enable it offer better services to the community.

ADOPTION OF THE REPORT

We the undersigned members of the Sectoral Committee on Health affix our signatures adopting this report with the recommendations therein.

	MEMBERS NAME	DESIGNATION	SIGN
1	Hon. George Makari	Chairperson	
2	Hon. Jerusa Aleu	Vice- Chairperson	
3	Hon. Meshack Simiyu	Member	
4	Hon. Anthony Lusenaka	Member	
5	Hon Tony Barasa	Member	
6	Hon. Ndasaba Dorcas	Member	
7	Hon. Jack Wambulwa	Member	
8	Hon. Vitalis Wangila	Member	
9	Hon. Sundukwa Grace	Member	
10	Hon. Milliah Masungu	Member	
11	Hon. Job Mukoyandali	Member	
12	Hon. Joan Kirong	Member	
13	Hon. Orize Kundu	Member	
14	Hon. Idd Chamawi	Member	
15	Hon. Jacob Psero	Member	