

## COUNTY ASSEMBLY OF SAMBURU



### ***THE HANSARD***

**Tuesday, 10<sup>th</sup> June, 2025**

**The Assembly met at the County Assembly Chambers at 2:30 pm**

***Deputy Speaker, (Hon. Lelengeju Jackson) in Chair***

### **PRAYER**

## **PAPERS**

### **REPORT ON THE SAMBURU COUNTY**

#### **GENDER POLICY, 2024**

**Vice Chairperson, Committee on Delegated County Legislation,** (Hon. Lenanguram James):

Thank you Hon. Speaker. I beg to lay the following paper on the table of the House: the Report of the Committee, on Delegated County Legislation on the Samburu County Gender Policy, 2024.

*(Paper Laid)*

## **NOTICES OF MOTION**

**Vice Chairperson, Committee on Delegated County Legislation,** (Hon. Lenanguram James):

Thank Hon. Speaker, I beg to give a notice of the following Motion:

**THAT,** Pursuant to provision of County Assembly of Samburu Standing Orders, The County Assembly of Samburu approves The Report of the Committee on Delegated County Legislation on The Samburu County Gender Policy, 2024.

Thank you Hon. Speaker.

## **QUESTIONS AND STATEMENTS**

**Deputy Speaker,** (Hon. Lelengeju Jackson): Hon. Members, it is notified that the following statements and response to Member's general statements on topical issues is due for response today Tuesday June, 10<sup>th</sup> 2025 at 2:30 PM Pursuant to Standing Orders 51 (b) and 53 (1), (2) and (3) respectively.

1. Response to Member's general statement on topical issues Establishment of Village Councils from the Chairperson of Committee on Public Service and Administration, Labour, Social Welfare, Justice and Legal Affairs.
2. Statement request from the Chairperson Committee on Medical Services, Public Health and Sanitation regarding the employment, management and remuneration of casual workers in the Health Department.

**RESPONSE TO ESTABLISHMENT  
OF VILLAGE COUNCILS**

**Chairperson of Committee on Public Service and Administration, Labour, Social Welfare, Justice and Legal Affairs, (Hon. Leleruk James):** Thank you Hon. Speaker. I rise to report to the Hon. House that the statement sought by Hon. Lorunyei, MCA Nachola on Village Council, I report to the House that the list is being combined and I have got information from the office that the Village Administrators have submitted the names to the County Executive, they are verifying it and when it is ready it will immediately start on 1<sup>st</sup> July, 2025.

I met with the Governor and we spoke about those issues in length, he is requesting a seat down with the Members of all the Wards and the nominated Members, they will decide on the dates the list will be brought to this House. We will convene a meeting for the Hon. Members to verify the list submitted by the Village Administrators.

I wish to inform the Hon. Members that; Yes, it is in due cause and they want the Village Elders to start working as from 1<sup>st</sup> July, 2025, thank you Mr. Speaker.

**MCA Nachola Ward, (Hon. Lorunyei Lawrence):** Thank you Hon. Speaker. At long last the message has reached this Hon. House.

Two years down the line and we are now budgeting for the third year, this is a legal office that connected this House and the ground Hon. Speaker. Hon. Speaker, the issue here is; we have been asking, how we trust because it has been two years without this office and the last time that the County Secretary was here he said it was to be established in a week.

Hon. Speaker how can I now believe that it is stage managed and brought to this Hon. House or there would be action? Hon. Speaker, while I thank the Chairperson, I do not know how serious this Government is because there is a gap, until we wake up and push them. Hon. Speaker maybe I give other Members to give their inputs, but we need to know where the money we budgeted for the last two years go to. Mr. Speaker, thank you.

**Chairperson of Committee on Public Service and Administration, Labour, Social Welfare, Justice and Legal Affairs, (Hon. Leleruk James):** Hon. Speaker, I would like to respond to the question that the Member asked on how truthful the information is. He should appreciate that I

have even gone further from the office bearers to the appointing authority; the Governor. He has promised that the budget for the Village Council is in the coming Budget, the duration for a Village Council is three years, so maybe It is the prerogative of the Governor or the Executive that it starts from July 2025 and run up to the next election year.

I give you an assurance that I went as the Chairperson of the Committee to inquire what transpired. Hon. Speaker, we will amend some clauses in the Act because some villages have been added and that is why the County Attorney was drafting a Bill due to additional villages introduced for example the new Sub Locations; they are the units that we usually have within our County and that maybe the reason they delayed, thank you Mr. Speaker.

**MCA Wamba West Ward,** (Hon. Lemartile Francis): Thank you Hon. Speaker. This is a very critical issue because we as a House have been appropriating funds for this issue and this is the third time. In around July – August, we had County Secretary and the County Attorney appear before this House and they promised that by August employment of Village Council will take off, we now have only two weeks for elapsing of the Financial Year taking that the County Executive not to account approximately KSHs. 54, 000, 000 times three because this is the third year that we have allocated funds but we do not know where the funds were reallocated to and by whose authority or approval.

Hon. Speaker this is a critical issue that was not address and they also do not respects this House because coming and giving wrong information by giving timeline of when they would employ the Village Council seems to diminish the power of this House.

This House should take a serious action on the same matter so that we do not lie to the public on what we are doing, thank you Hon. Speaker.

**MCA Nachola Ward,** (Hon. Lorunyei Lawrence): Hon. Speaker, the reason why I doubt is because Mr. Speaker today is 10<sup>th</sup> June, 2025 and it is only twenty days remaining to the kickoff and the Chairperson has not told us when we will be meeting the Governor and the timeline and the activities to be undertaken systematically with the dates indicated.

**Deputy Speaker,** (Hon. Lelengeju Jackson): Hon. Members, I want to bring to your attention that the sentiments from the Members and also the Chairperson indicates that this is a serious matter. Having heard whet the Chairperson said, 1<sup>st</sup> July is not far, I believe he will consult hand

in hand with the concerned authority so as to ensure that on 1<sup>st</sup> July we do not have any issue to discuss but implement the process as he said. Chairperson, please follow up, update and give timeline to the Members as we roll.

**RESPONSE ON EMPLOYMENT, MANAGEMENT AND REMUNERATION OF CASUAL WORKERS IN HEALTH DEPARTMENT**

On the second statement; Statement request from the Chairperson Committee on Medical Services, Public Health and Sanitation regarding the employment, management and remuneration of casual workers in the Health Department.

Hon. Leitoro, I believe you have a team, if you have something to say, you can say before we usher them in.

**Chairperson, Committee on Medical Services, Public Health and Sanitation,** (Hon. Leitoro Jeremiah): Thank you Hon. Speaker. I would like to take this opportunity to thank your Hon office for granting the CECM for Health an opportunity to come and shed some light on the statement that has been raised by the Hon. Members. Hon. Speaker, we all understand how important health issues are in our County. Today, having the CECM with us is an opportunity for the Hon. Member to get clarification from the horse's mouth.

I remember two weeks ago before last week a time like this, I read a response from the Department which the Hon. Member found it not satisfactory and for that reason the Hon. Member and the Speaker in Chair in that session decided that it would be prudent if the CECM responsible for Health will be able to appear before the House and shed some light, thank you Hon. Speaker.

**Deputy Speaker,** (Hon. Lelengeju Jackson): Hon. Members, according to Standing Order 47 (1) which provides that there shall be time, designated for Questions and Statements not exceeding two hours during a morning sitting and hour during an afternoon sitting on Tuesday and Wednesday.

I therefore now take this opportunity to welcome CECM for Medical Services, Public Health and Sanitation to this House in accordance with Standing Order 48 (1) *A Chief Executive Committee*

*is requested to appear in the House to expound on Government policies, reply to questions and provide reports concerning matters under his/her control.*

Hon. Members, before we proceed; Pursuant to House practice the CECM is required to take an oath or affirmation to provide truthful statements to this House.

I now invite the Clerk to administer the oath.

***(CECM takes an oath)***

**Deputy Speaker,** (Hon. Lelengeju Jackson): Hon. Members, this appearance is an occasion by statement request made under Standing Order 47 (2) by the Hon. Member for Wamba West Ward; Hon. Lemartile Francis, concerning employment, management and remuneration of casual workers in the Department of Health.

This matter has raised ethical, legal and administrative concerns, particularly regarding the integrity of public financial management in the Health sector and the welfare of our casual workers.

I now invite the Member for Wamba West to raise the statement and provide any supplementary remarks to the CECM.

**MCA Wamba West Ward,** (Hon. Lemartile Francis): Thank you Hon. Speaker. May I also take this time to warmly welcome the Department led by the CECM, welcome to this session.

Hon. Speaker, we raised a number of statements to the Department but it necessitated their appearance to give clarity on several questions to the Department.

Pursuant to 49 Standing Orders of Samburu County Assembly, I hereby notify your office of the intended appearance of the County Executive Committee Member for Medical Services, Public Health and Sanitation before the County Assembly.

The purpose of this appearance is to respond to question and provide a statement on matters relating to employment, management and remuneration of casual workers in the Health Department and the implementation status of health-related projects within the County. The Member requested the CECM to appear before the House on Tuesday 10<sup>th</sup> June, 2025 at 2:30 PM to answer the following:

1. The status of employment, management and remuneration of casual workers in Health Department.
2. Status of Sirata le Murit and Nkwee Entome dispensary in Wamba North.
3. Samburu County Referral Hospital- scarcity of water and beds in maternity wing.
4. Address the complaint of drug stock-outs in health facilities.
5. Updated list of all operational health facilities in Samburu and their current status in terms of staffing, equipment and essential services.
6. Management of ambulances and emergency services.
7. How often are Community Health Volunteers (CHVs) trained, supported and supervised?

Hon. Speaker, there was a statement raised earlier which requested the Department to be clear on how many casual workers have been recruited by the Department since January 2023. What plans does the Department have for health facilities that currently does not have casual workers or adequate support staff?.

How does the Department intend to address staff shortage in these facilities while ensuring fairness in employment distribution?

Is there a long term strategy to ensure adequately staffing in all health facilities across the County?

Thank you Hon. Speaker, those are the questions raised by the Hon. Members for the Department to highlight on, thank you Hon. Speaker.

**Deputy Speaker,** (Hon. Lelengeju Jackson): Thank you Hon. Member for Wamba West. I now invite the CECM to respond to the issues raised in line with Standing Order No. 51 (6) which requires that the County Executive Committee Member is to appear in person and respond to the questions.

We are informed that you are with your technical team, in case you have a challenge of any question, you are allowed to consult and report back, proceed.

**CECM for Medical Services, Public Health and Sanitation,** (Dr. Lekudere Nassir): Thank you Hon. Speaker Sir. I am to respond to the questions raised by the Hon. Members. I

I want to state the following:

1. On the clarification of recruitment of casual workers; the year Since January 2023 155 casuals and now the justifications even hiring of more health workers was necessitated by the following:
  1. In the previous years we have been having severe shortage of health workers in the County. As usually we have the normal standards in terms of the ratios of the health workers visavi the number of patients but now with the new tool we now have what we call the (WISN) that is the workload and it is a tool that is being used by the World Health Organization on assessing the workload and visavi the need.
  2. The expansion of health care services in the County. Initially we used to have in Samburu County Referral Hospital we used to have an outpatient as one block but now with the new in patient in the new OPD block we have separated the Departments, we have the lab as a stand-alone, the MCH as a stand-alone and also we have the OPD as a stand-alone Department and that has increased the number of casuals in the County Referral.
  3. The other thing is that we have also increased the services that we render especially in County Referral Hospital, before we never used to have units like Psychiatric units and in our current status now we have close to 300 mentally ill patients in OPD and that has increased also the number of health workers.
  4. The other issue is the expansion of the existing health facilities that is construction of four in patient wards namely in Loosuk, Lodung'okwe, South Horr and also we have an ongoing construction in Lesirikan and that is to say when we increase the service and the infrastructure (Inaudible) will also go hand in hand with the number of health workers or even the casuals in that matter.
  5. We also have construction of three new outpatient blocks, already we have one in Barsaloi, Wamba and also Suguta and then we also have construction of ten new dispensaries, so those are the reasons to why we had to increase the number of health workers.
  6. The other question was about the County Public Health Service Board where although the County Public Health was not involved in the recruitment process of the casuals, the board was informed of the existence of the casual employees and was in the process of regularizing the engagement. However, there were changes with the board leadership



with resignation of the former CO Secretary to the board which delayed the process. Please see letter attached from the former CO Secretary to the board addressed to the CO Finance for the payment of the casual workers. The newly appointed COs/Secretary to the board gave a delegated authority to the County Secretary to engage the casuals.

So we have the letter in annexure 1 then we have also provided the list of all casual workers including their names, working station, duties and the Ward they come from and that is in annexure 2.

### **FINANCIAL IMPLICATION**

The monthly remuneration for the engagement of casual workers is Ksh.3, 336,807.50; now the Department have paid casual workers through the Voucher system without delays until this year 2024/2025 when the controller of budget issued a circular or a directive that no payment of wages should be done outside the IPPD since November 2024 all the Casuals received their wages through the IPPD and after issuance of personal numbers, those at level 2 and 3 facilities were also paid their arrears through the DANIDA funding. The months not paid are July to October 2024 and the Controller of Budget directives the delays in funding disbursement and the reason was;

1. The Controller of Budget directives.
2. Delays in funding disbursements especially the DANIDA Fund.

The Department in collaboration with the Human Resource Department has so far rectified the irregularity in ensuring that all the casuals acquired the Personal Numbers and are engaged through the office of County Secretary so that they are paid through the IPPD.

Now the terms of engagement casual basis of three months that is renewable once and so far we have engaged with all our casuals and they have signed the contract until end of April. The Department has also regularized the contracts of the casual workers and going forward the regulation as stipulated in Section 37/1/b of the Employment Act will be adhered.

Now does the Department provide any kind of medical cover or insurance and the answer is yes that all the casual workers are registered under SHA. The other question was about the master role, the Master Role are available in health facility where the casual workers are; some facilities

have also clocking in and out system so these guys we have the manual master roles and we have attached a sample of it from the County Referral Hospital in Annexure 2 then we also have the automated system where they clock in and out and we have attached an annexure from Archers Post sub County Hospital where they used the automated system. The detail of each casual worker includes the names, ID and bank accounts are captured in our records.

On future plans, the Department is in the process of doing staff rationalization using WISN so that only the required staff will be retained at the facilities. So that is the future engagement what we plan to do as the Department.

On facilities without casual workers or support staff- actually it is very difficult for a facility to run without the supportive staff and I do not think we have any facility without supportive staff but in response the Department is in the process of doing staff rationalization in all facilities including facilities which do not have casual workers to ensure all facilities with casuals not paid through the County Treasury are supported through DANIDA funds. How does the Department intend to address the staff shortage in these facilities while ensuring fairness in employment distribution; the Department currently have severe shortage of staff and especially the skilled health workers across all cadres, none of the facilities meets the staffing Norms. However, issues of inadequate budgetary allocation to the Department and the high wage bill in the County may not allow the Department meets these norms.

So, our long term strategy is to ensure adequate staffing in all health facilities can only be achieved through increased budgetary allocation to the Department. Now, the Department is in the process of doing staff rationalization in all facilities including facilities which do not have casual workers to ensure all facilities have the required staff. Facilities with casuals not paid through the County treasury are supported through DANIDA Funds.

I move to the next question on the status of Sirata Le Murit dispensary and Nkwee Entome dispensary in Wamba North, maybe just point of information; we do not have a facility by the name Nkwee Ntome that facility is registered under the name of Milgis and the two facilities are complete and awaiting operationazation, we have completion certificate, Gazettment done, Registered and Licensed by KMPDC, MFL codes issued, drugs already order and staff recruitment on process advert made. So all the supportive documents are under the annexure 4

where you can see the pictures of the two facilities, gazette notice number, advert of the number, the drug list of the facility and the Kenya Medical Practitioner and Dentist Council License.

For Samburu County Referral Hospital Scarcity of water and beds in maternity wing; now the Samburu County Referral Hospital acknowledges and appreciates the opportunity to address concerns regarding the scarcity of water and bed space within the maternity wing. These challenges significantly impact the quality, safety and sustainability of maternal and neonatal health services. The water scarcity at the facility-the hospital primarily relies on the SAWASCO water supply line, which has proven unreliable, with disruptions sometimes lasting over a month.

On current situation, the hospital consumes approximately 170,000 litres of water per week. Existing water infrastructure includes a total storage capacity of 262,000 litres, distributed across an underground tank, elevated towers and rainwater harvesting systems as detailed in the list below. We have two boreholes drilled with support from AMERICARE yielded no water; an older borehole currently yields less than 2 cubic meters per day –far below the hospitals operational needs. To cope with shortages, the hospital has been forced to truck in water, which is both costs intensive and unsustainable. The Department has such as renal service and operating theatres are particularly vulnerable due to high sensitivity to water salinity, further limiting viable water sources in Maralal.

Proposed Interventions are expand rain water harvesting and increase overall storage capacity, improve the Hospital's internal water distribution system, install a desalination plant to ensure reliable access to clean water , especially for critical departments.

The other question is the bed capacity in the maternity wing, the maternity wing currently has 32 beds, covering delivery(3 delivery beds), antenatal, Post CS and Postnatal care that is 28 beds and recovery area with one bed. However, the facility consistently operates at over 120% occupancy and primarily due to rising delivery rates and external referrals.

Recently Developments- A maternal shelter currently under renovation with support from AFRICADIGNA will add 14 additional beds, offering significant relief to the overstretched maternity wing.

On key challenges, despite high bed turnover, service demand continues to exceed capacity. The main limitation is space not simply the number of beds due to constraints in the existing infrastructure. The Human Resource and staffing- the growing demand for maternity services has revealed critical staffing gaps, particularly in skilled obstetric care. The Hospital welcomes and commends the recent advertisement by the Department of Health to recruit an obstetrician/gynecologist, a much needed step in strengthening maternal health care. To sustain and scale up service delivery, the hospital requests continued support for the recruitment of additional maternity and neonatal staff through targeted budgetary allocations.

Strategic request; modern mother and child health complex-In light of the above systemic challenges, the hospital has submitted a formal proposal for the construction and equipping of a modern mother and child health complex, estimated at Ksh.200 million.

Justification and expected outcomes; Expanded capacity for maternity, postnatal, neonatal and pediatric care, Decongestion of existing wards and improved patient safety and outcomes, integrated dedicated water infrastructure, potentially supported by the proposed desalination plant, enhance sustainability and resilience of maternal-child health services in Samburu County.

Appeal to the County Assembly; we respectfully urge the Assembly to prioritize this project, and to facilitate the necessary resource mobilization and budgetary support. This initiative aligns with the County's development agenda and the national commitment to reducing maternal and child mortality. In conclusion the Samburu County Referral Hospital remains firmly committed to improving maternal and child health outcomes. With the ongoing collaboration of the County Assembly, Department of Health and Development partners, we believe it is possible to sustainably address current infrastructure challenges and provide high quality, accessible healthcare to all residents of Samburu County.

The issue of drug stock outs; the drug shortages/stock outs is mainly attributed to the following; Low budgetary allocation for pharmaceutical and non-pharmaceuticals, increase in the number of health facilities, Expansion of very critical but expensive services like Renal Dialysis Services, ICU services and theatre services and we have attached the supportive documents and our quantifications since 2018.

Appeal; the County requires more than 260 million for drugs based on a scientific quantification of 2018. The department just received a consignment of supplies from KEMSA as from Saturday 7<sup>th</sup> June 2025. See the attached delivery notes.

Now, updated list of all operational health facilities in Samburu and their current status in terms of staffing, equipment and essential services, the total number of health facilities in the County are 102: we have 95 operational while 7 not operational. We have 70 dispensaries, 27 health centers and five hospitals. All operational health facilities provide essential services as per level of care. In level 2 dispensaries focus on preventive and basic curative services. The key services in dispensary are out patient, diagnosis and treatment, Health Education and promotion, immunization, growth monitoring and nutrition services, antenatal care that is basic, family planning, pills, injectable and condoms, referral of complicated cases to a higher level and management of minor elements and injuries.

The staffing; normally we have enrolled nurses or registered community health nurse and community health assistants. For the health center, provide comprehensive primary care and basic emergency services and the key services are basic laboratory services, normal deliveries and basic emergency obstetric care, postnatal care and newborn care, Minor surgical procedures, comprehensive family planning including long acting methods, TB screening and treatment, HIV testing and ART initiation and referral support that is ambulance linkages and staffing we have registered nurses, clinical officers and lab techs.

Now for the Sub County, delivers comprehensive medical, surgical and in patient services and the key services are in patient, medical, surgical and pediatric, maternity, emergency obstetric care, specialties or specialized services that is OB/GYN, pediatrics, surgery where available, comprehensive diagnosis services that is laboratory and radiology that is X Ray, CT scan and operating theatres or major surgeries, blood transfusion services, dialysis, comprehensive HIV care and management, mental health services and dental and eye services. Staffing we have medical officers, consultants, nurses, specialists and pharmacists both lab and radiology staff. Other detailed information on current status in terms of staffing equipment and essential service is as per the attached annexure.

The management of ambulance service and emergency services; Ambulance coverage and distribution, the County has made significant strides in strengthening emergency referral systems by ensuring that ambulances are stationed across all three sub counties. Ambulances are stationed in each ward ensuring prompt emergency response and referral capacity. The only exception is Porro Ward which is effectively served by an Ambulance from Angata Nanyekie which currently has two ambulances for wider coverage and rapid response.

This decentralized model has improved response times and access to emergency care especially for maternal and accident related emergencies. The fueling and operational sustainability; to ensure continuous service delivery, the fueling and maintenance of ambulance is managed through a cost sharing model, primary funding is provided by the County Government covering the bulk of fueling and maintenance costs. Supplementary support is sometimes sought from relatives of patients, especially for long distance referrals, to ensure sustainability of services in the face of resource constraints. This collaborative approach has enabled consistent operations despite the rugged terrain and vast distances between facilities.

Ongoing strategy improvements; to enhance efficiency and coordination of emergency services, the Department of Health is implementing key reforms; Development of a County Ambulance Policy; This policy will standardize ambulance deployment, staffing, dispatch protocols and cost sharing guidelines to ensure equitable and sustainable services across all wards, Establishment of a County Emergency Command Center-plans are underway to install a centralized ambulance command and control center, which will: coordinate dispatch based on real time location and need, improve response times, enhance data collection for planning and accountability.

There was also a question on community health volunteer trained and supervised- the community health promoters (CHP) training focuses on equipping volunteers with the skills and knowledge to deliver basic health services within their communities. The training frequency and supervision for community Health volunteers (CHVs) is guided by a standardized national training curriculum for Community Health Promoters. It may vary depending on the County specific priorities, health system structure, specific program goals and available resources. CHP training is divided into two sections, one is basic module training which is the first minimum basic training for one to be recognized in the Kenya Health System and the second Section Technical

modules which are mainly done based on County needs, presence of facilitating partner and the availability of resources.

Further, Kenya Community Health Policy that is policy objective 2 community health workforces underpins the importance of training. It endeavors to ensure the recruitment and retention of community health human resources for health, including obtaining appropriate numbers and strengthening mechanisms for capacity building and supportive supervision of community health personnel. The training frequency is as follow; for section 1, initial basic training as guided by the CHP training curriculum. Once, usually at the time of recruitment and the duration is 10 days. It covers basic health knowledge that is health and development, maternal and child health, hygiene, malaria prevention, communication skills, ethics and reporting.

Then section 2 has the technical modules 7-13, this is done based on the need, presence of a partner or when resources are available. The period of the training is guided by the curriculum. Refresher training can be organized quarterly, bi-annually, depending on the program. The purpose is to reinforce knowledge, introduce new guidelines e.g. COVID 19 Response or correct gaps in practice.

On the Job Training/Peer learning informal and ongoing-often occurs during supervisory visits or group meetings or where never there is arising need for updates. Support given; the community health activities are supported through the County Budget under sub program 12 in the County Annual Work plan

County and National stipend disbursements to the CHVs, supply of its commodity. That is commodities equipment and the devices and support from the National Government and Health partners implementing in the County.

Supervision frequency routine is usually on monthly or by monthly, carried out by Community Health Extension Workers, Nurses, or other Health Professionals assigned. Focus performance review, data verification support with challenges and motivation. Supportive supervision emphasize mentorship rather than fault finding including joint problem-solving feedback and skills strengthening and be part of Monthly or quarterly schedule.



This is done at the sub-county and the County level periodically usually quarterly by the CHV and Sub-County Health Management team. It can also be done when the structure team it fit to do over the best practice training should be continuous and linked to the real

Regular support and structure, not just structures. So those are the responses that we had, thank you chair.

**Deputy Speaker,** (Hon. Lelengeju Jackson): Thank you Member for Public Health, now Hon. Lemartile, Standing Order No. 51 (7) (a) allows you to supplement two questions strictly, to questions as long as they regulate the original question and as we deliberate let us also be informed Standing Order 47 (1) allows us to have a Member for only one hour in the afternoon and two hours in the morning. Supplement your questions having that in mind.

**Chairperson PIAC Committee,** (Hon. Lemartile Francis): Thank you Mr. Speaker, I appreciate the response from the Department, which was read by the Chief Executive Committee Member, and we pray that what you have given us in paper, it is applicable in the ground level because if this is what we have, we think that our problems were fifty percent done but we hope and pray God that this is on the ground.

As per your guidance that I still need more clarity, especially on the casual workers because if you go by the response given by the CECM we requested what is the number of the casual hired by the Department. I see a contradicting information to the response given by the Department because they highlighted we have 155 casual workers but going through the Annexures the list provided is 174 and I hope the information relayed here is from the same office, same Department so I do not know why they are giving a contradicting information.

Secondly, I want the Department also to clear on the facilities without the casual workers which they provided that those in level three and two were also paid arrears through DANIDA Funds. It was a big cry from the casual workers in those facilities since 2023 to December 2024, I know nothing was paid but they will confirm to us when How much which month DANIDA Fund paid if they have paid the whole arrears because a complain we have received, were DANIDA Fund paid?

If they have paid the whole arrears because the complaint we have received from the people who work in our facilities they have not been paid almost to three years down the line. The



Department should put it straight, which months they have paid and which ones were not paid through this DANIDA Fund. Lastly Mr. Speaker...

**Deputy Speaker,** (Hon. Lelengeju Jackson): Hon. Lemartile, restrict yourself to two allowed supplementary questions

Proceed

**Chairperson PIAC Committee,** (Hon. Lemartile Francis): One question divided into one so it is one question, on casual workers. The question is on casual workers facilities. We wanted the Department to put it clear in terms of service of these casual workers. Telling us January 2023 you have a casual worker and January 2025 he is still a casual worker. Which terms of service are you engaging this casual workers with, because you are engaging more than required by the law, thank you Mr. Speaker.

**Deputy Speaker,** (Hon. Lelengeju Francis): Thank you Hon. Member Wamba West Ward I now request the CECM to respond to those questions and in line with your response bear in mind that you have one-hour business in the afternoon which we have few minutes left. Be brief and restrict yourself to what is asked.

**CECM Medical Services, Public Health and Sanitation,** (Mr. Lekudere Nassir): Thank you Mr. Speaker, I want to thank the Member of Wamba West Ward, For the casual workers although there is a comprehensive list that indicates the name of the casual worker, the station that is the facility they are working and in a comprehensive manner, I think there was a question on that clarifying the station they are working on. That is where we got the 155 in number, if you look at the casual workers; yes it is true we inherited quite a number. Secondly, we have facilities that were benefitting in DANIDA money and when those facilities were upgraded all the casuals move from facility based to Departmental budget.

A facility like Wamba Sub-County Hospital initially was a Health Center and it used to benefit from DANIDA money. The other one is Archers Post, Suguta and Baragoi. All those casuals actually moved from the facility, and now to the Departmental Budget. We also have facilities that were not benefitting from the DANIDA and now a facility like Arsim, was not benefitting because it was under Lutheran Church and now that Lutheran has handed over to the County we met some infrastructures and we also took up the responsibility of paying the casuals.

For DANIDA I may not have the breakdown because usually the monies are sent in lump sum to the facility and that is based on the workload and under the facility, we have the Facility Health Committee and the person in charge is the secretary to the Committee. The facility the Committee sits and sees on how they utilize the money at that level. I think they were paid in form of arrears and I will confirm the month because they have received the money. I am sure but I will confirm the month and the distribution because each facility is paid according to the work load.

For the terms of service; I agree that usually for the casuals, if you look at the Act they can sign a contract of 3v months which is renewable and I think this is an issue that we need to have a permanent solution and the only permanent solution is if we handle as a county. Casuals are all over it is not only in the Departmental of Health and I think one of the limiting factors in Health is the issue of budget and for that they have already renewed their contracts and the contract has ended on April. We did that through the Human Resource Department headed by the County Secretary. We usually have the contract signed and its ending on April the other issue is and that is why we are talking on rationalization and on rationalization we need to do need assessments. To see a number that we require we take an appropriate action.

The other issue is let us also remember that those people are working in our facilities and as much as we try to retain them that is also part of their livelihoods and I think that this is a subject that we all need to embark on and to encounter, I need to address as both the Members to this Hon. House and the Department because releasing 384 casuals to go home you can imagine the impact on the families that they are feeding. For that reason, we said maybe we give them the contract and it ended on April and we are going to do needs assessment, see whom we are going to retain and then the rest will now be released from the service, thank you.

**Deputy Speaker,** (Hon. Lelengeju Jackson): Thank you according to our Standing Order No. 51 (7) (b) Members are allowed to raise supplementary questions to the CECM and as long as they are related to their original Statements and also based on the time we are supposed to hold member here. I allow few supplementary questions from any member and in case you are satisfied then it is also in order.

**MCA Nachola Ward,** (Hon. Lorunyei Lawrence): Thank you Mr. Speaker, I first that the CECM and the team and I sympathize for the work load they have and the shortage of staff they have. The Department is the one working at the hospital and bring them here I feel very bad. Otherwise if the Statement was brought here like this and read by the chairperson I would not have wasted because the weight is from them is very hard.

I see how the CECM is sacrificing themselves and the Chief Officers. On budget, and wage Bill what can we do to the budgetary allocation in this Department because it is very crucial and about the wage Bill. It is the ceiling which is preventing the Departments from giving satisfactory services the satisfaction of the patient, Mr. Speaker.

How do we add the budget of the Department of Health and how do we raise the ceiling of the wage Bill, so that we can have enough staff at the hospital Mr. Speaker? I stay in Baragoi I see a lot of work we are doing when we are referring to people from Samburu North. I see a lot of work we are doing and I see stress here it is a process but next time just write like this and we are going to be satisfied when the chairperson writes to us.

**Deputy Speaker,** (Hon. Lelengeju Jackson): Thank you Hon. Member, Hon Leerte.

**MCA Porro Ward,** (Hon. Leerte Patrick): Asante Bw. Spika, ninashukuru CECM na wenzake kwa kufika na kuweza kuyajibu maswali. Nina Sali moja pia, kwa kuwa sheria imeruhusu hiyo moja. Dispensari ya Seketet imeandikwa lina casuals tano. Kwa orodha wameandika wawili. Ningependa tu kujua hao wengine watatu wapo kwa orodha gani? Asante.

**Specially Elected Member,** (Hon. Lenamatiyio Silapia): Thank you Mr. Speaker let me take this opportunity and thank the Department of Health for appearing to this House to explain the Statement that was brought by the Hon. Member for Wamba West. I was going through the report which was very huge but I tried to come up with concerns. I stand here to be guided. When you look at question No. 6 Facilities without casual workers and support Staff.

I did not see that list, there is a repeated list in this report so I just want to be guided by the Department and also Mr. Speaker, we asked the Question on the status of Sirata Lemurit dispensary at the same time Milgis dispensary which was at 2022-2023 budgets and it has been completed two years ago. It is now two years down the line without operationalization of those

facilities and I did not see the reasons from the Department why the facilities are still standing like the white elephants.

Let the Department explain and give us at least so that we can know if we can know something within some months to come. When I look at the list that was provided as casual worker I did not see any facility within Wamba North that has those casual workers, I stand here to be guided I was looking at that list I am seeing somewhere called Nauneri dispensary with 5 cleaners, Lolmolog with 5 cleaners if we recruit 5 cleaners in a dispensary and we have no even piriton in dispensary. Which impact is we creating Mr. Speaker protect me so that I can finalize

**Deputy Speaker**, (Hon. Lelengeju Jackson): What are you informing Hon. Leleruk?

**MCA Suguta Ward** , (Hon. Leleruk James): Mr. Speaker I think the Hon. Member should not equate Lolmolog dispensary because it has a maternity. It is a Health center that covers... that is even a small number that while in giving comparison something you do not understand.

**Deputy Speaker**, (Hon. Lelengeju Jackson): Thank you Hon. Member I think the information has reached the Hon Member, proceed Hon. Silapia

Thank you Mr. Speaker i think the Hon. Member could have blamed the Department the documents that I am reading it is written Lolmolog dispensary not me. When I checked I saw 5 cleaners for Lolmolog dispensary? I am asking if the dispensary at this time now lack medicine even a Piriton why we are having people in place if we do not have such priorities requirements in our dispensary.

That is my question Mr. Speaker, let me wind up there those are the concerns that we have to look at it. There is no way that we have a dispensary having 5 cleaners like Nauneri Lolmolog Nkorika those are my short concerns Mr. Speaker.

**MCA Loosuk Ward**, (Hon. Lenamparasio Phelix): First of all, let me take this opportunity to thank the CECM for Health for tis response, I have not gotten time to pass my appreciation to Dr. Nassir because a number of time during the insecurity that we usually have in our wards he has assisted me so much, I do not want clapping from Hon. Nakinyi. I just want to congratulate Dr. Nassir for the work that you have been doing especially to the people of Loosuk during

insecurity. A number of times I have called you at night and you came assisting I just want to take this opportunity to thank you with your team for the good work and humanity.

Nevertheless, I have one question regarding casual's issues I just want to ask the CECM to explain to this Hon. House if he knows that a number of casuals listed here as casuals here do not even work at Health centers listed against their names here. I just want to give an example in my ward I do not want to use other wards Lesidai Health center here has two casuals. This people even the community does not know them even the first respond here, I took the initiative of I myself going to the Health Center and I got three different casual workers working there and the two names here do not even work in the Health center.

The other Health center that has issues in my ward is Lolkunono, it has two casual workers listed here who do not work in that facility, I am just seeing their names here. The other Health center that has a name here and the person does not work there is Loiragai. Loiragai I came to understand that the lady listed as a casual worker there comes from Porro ward nobody knows and listed as a casual worker there. We have a community volunteer CHV who is just assisting that gentleman in Loiragai but the person listed here does not work in that Health center. Loosuk health center has six listed here but we only have five of them who are working in that health center facility. One gentleman I just want the CECM to explain to us who is just listed as a social worker.

I think the first time I saw that gentleman because i know him personally, was when I was elected and the reason I came to see him is because he was arrested by the police with a lot of plump nuts in a probox and was charged alongside clinical officer for Loosuk Health center for stealing plump nuts. I think plumpy nuts is a project by UNICEF through the Department of Health but he still listed here as a casual worker for Loosuk. The CECM should explain to us why he is paying people who are not working for the people in our wards.

Yesterday I was in town here and I met the two casual workers working at Lolkunono going to see one Mr. Obure with some application letters to go and they can be listed as casual workers. Those are the ones working and I know them personally. The person in charge of those Health center we know them but for the ones written here they do not work for that Health Center. Lesidai, Loiragai and Lolkunono five of them you are paying them but they do not work in those

Health Centers. The CECM should just explain to us why they are paying people who are not providing services to our people, thank you.

Lelenkeju I think I now allow the CECM to answer those questions then we proceed to the next batch.

**CECM for Medical Services, Public Health and Sanitation,** ( Dr. Lekudere Nasir)Thank you Mr. Speaker, let me start with the question asked by the Hon. Member, from Porro ward about Seketet. I think we categorically have DANIDA and those supported by the Department. Maybe the two are supported by DANIDA and others are supported by the Department.

On the question of Wamba North; the delay of service delivery in two facilities that you have mentioned. This is what I am saying that the whole issue is about the budget there was no way you could have posted a nurse in that facility and that is why I am pleading to this House that we need to...

It is true we also feel pain, when we construct a facility and delay the service delivery to that community. And, if you look at the advert, we have attached it there. If you look at the number of facilities that has not been operationalized, that are not open we have advertised the position specifically for those opportunities. And one of the incentives for people to go and work in hand to rich areas is to give permanent and pensionable staffs of service. Once we recruit the staffs, we will be able to open the facilities and the services will be offered to the communities around their catchment area. That is the reason.

When you look at the formalities we are done in terms of registration and license. The Kenya medical practioners and dentist both have license and registered those facilities. That is to say when they give the services; they are able to claim the money through the SHA. When you talk of the registration number it is already there and all the requirements there needed. We also need to appreciate what we have distributed in terms of the infrastructure. We do not want to construct a facility in piecemeal but a complete package.

That is a facility with fence, toilet and staff house. So, once we recruit the nurses, we will be able to operationalize the two facilities. About the drugs I think you have seen; we have for the two facilities. And not only the two but for all the facilities that are complete. The only thing that is

holding us back is the human resource. We could have also posted a nurse in any other facility but all our dispensaries have only one nurse.

Let us also remember that we have quite a number of dispensaries and we have upgraded a dispensary to a health center. And in a health center we have maternity others have inpatient. This shows the need for human resource increases. When we construct a facility, we should also think of the budgetary implication. In a dispensary it is supposed to operate on a daily basis from 7:30 or 8:00 am to around 5:00pm when it is closed and the nurse is usually around in case of an emergency. They do not operate on weekends. Now when you talk of a health center inpatient it means you need a night nurse to do the duty and another one during the day.

A nurse doing night duty usually goes off for seven days. That means for that facility to operate optimally it needs paired number of nurses one on night duty and one on off. So that one can relieve the other. They also work in shifts. We have a nurse that comes at 7:30 work for 8 hours go off duty and the other one comes in the afternoon. That is why we said none of our facilities meets the normal standards or norms by the World Health Organization. As we normally say there is no procedure that is done by one person.

But because of the circumstance we are in we or the health workers tend to go an extra mile to make sure they give services regardless of the time. I think I have answered the question on Wamba North.

The other issue is about the casuals. I think the response I gave is the department is planning to do rationalization. That will address the issues of discrepancies in terms of the number of casuals in all facilities. A dispensary we need to have a standard but again that will also depend with the work load. That is why we are using the work load indicators for staffing needs. So instead of us going by the normal norms we will use the work load to justify the reason to why we need more staffs. I think that will also address the issue of Lolkunono, Loaregae and Loosuk.

There are things that at times now like the issue of stealing plump nut. If these things do not reach the departments, it is difficult for us to act. Maybe it has been handled at the facility level where you have the Committee and the facility in charge. Otherwise, in a department we have the Human resource advisory/ disciplinary Committee. And it is Chaired by the Director of Planning and Administration and Co- Chaired by the Director of medical service.



So, all disciplinary issues usually go through that Committee and then they can either be forwarded to SHIRA or determination, if need be, they can be referred to the Public Service Board for dismissal. Depending on the recommendation made by the SHIRA, I think the issue of stealing has not yet reached the Committee. Stealing should not be allowed and in fact if we go that way it could be an example to others. Ahsante

**Deputy Speaker,** (Hon. Lelengeju Jackson): Thank you, CEC. Members I want to caution you on the timeline that we are supposed to hold the CEC here. I will allow only two questions. Strictly three.

**Specially Elected Member,** (Hon. Stacy Nareyo): Thank you Hon. Speaker I think I am not going to take much time. First of all, I would like to inform Mheshimiwa Kaunda that it is not Mheshimiwa Nakinyi who was clapping about the comment. I was the one doing that. Mine is just to acknowledge and really appreciate the good work of the department being trained medical personnel and also handling the department matters it is not a walk in the park.

I know that you guys are really under pressure and mine is just to wish you all the best. But I also have one concern, and it is about the acute water scarcity in the hospital. And they have stated clearly that it is really affecting the maternal and the neo natal services. It is good that they have actually confirmed the hearsays and out cries of the people about the water issue. On the report they have also stated that the Hospital consumes 170,000 liters per week and I think they are solely relying on the Sawasco if I am not wrong.

I think this is a demand that we cannot ignore as members of this House. It is a very wanting matter. And I think it is a collective responsibility. We need to sit down and look at how we are going to fix this issue of the water shortage. I have also seen the proposed interventions but my issue here now is; there is no clear time bound of the solutions that you guys are going to work on. Because the solutions that I am seeing here are long term and the people are suffering. Water is not there and it is affecting the maternal and the neo natal services.

My issue is how you are going to come up with solutions that are going to fast-track real time solution which are going to address the water shortage, because we cannot really gamble when it comes to maternal health and neo natal services. My concern is the time bound because also we have been receiving a lot of reports not only Health Reports but there are no clear time bounds



on the outlined problems that the Reports are brought in. I just want to know the clear time bounds to address this issue of the water shortage Mheshimiwa Spika. Thank you.

**Chairperson of Committee on Public Service and Administration, Labour, Social Welfare, Justice and Legal Affairs,** (Hon. Leleruk James): Thank you Mr. Speaker. I would like also to congratulate the department for the good work they have been doing. I think as Hon. Members, you have seen for yourselves that this House determines which department will get a large share of the budget. Because the department has a lot of demands and we must accept that. The number of casuals in the dispensaries requires a very big number.

The casuals now have been terminated from April, like now in Suguta it is a Sub- County hospital. It has casuals and the hospital is running, the workers are still working without clearly knowing when they will be paid. So, my question is to the department; what is the remedy that you are trying to give to these casuals who are still working and their fate is hanging? I think the department should hasten their process because yes, it has the Sub-County hospitals demands on a lot of staffs and the reason is maybe the department is not able to employ these casuals is because of the Budget.

I would like to urge the Hon. Members to think that this is the time we are making budget we consider the department of Health for increase budgeting and also there is a Bill of FIF. I do not know how far it has gone we need to pass that bill as urgent. So that we can save some money there that the department will get some money to even employ those casuals. And maybe that money can even help to buy some Clerks and the money we allocate to get some staffs to be trained because we really need staffs.

On the issue of Lolmolok dispensary, I want to urge the Hon. Members that the Lolmolok dispensary is still within the allocation not a sub-village. It has the whole department of health and also the maternity. And the maternity requires a lot of staffs, casual workers to work and I am not viewing the amount of security. On the issue of maybe differences of the places but on the staff, it depends on the workload.

How much work load is within that dispensary that is the reason why maybe the department was also engaging on how many staffs will be employed there? Thank you, Mr. Speaker.

**MCA Nyiro Ward**, (Hon. Lemoosa Jonathan): Hon. Speaker thanks you. I really do not have much concerns but I rise to congratulate the team. The health team, which I want to believe they are highly trained and volunteered much to endeavor, gives services to the needy. I want to believe that my years are serving me well and I was patiently listening to the Waziri while he was going through his notes to the House.

I have induced the following and urge the House maybe see how we can improve from the challenges as enlighten by the CEC.

1. Just like everyone has said, Budgetary, the budgetary here and the growing. More dispensaries we put up to serve humanity or our people. Actually, do not move up they do not tally. So, see how we can manage this budget.
2. The ever-increasing Whip Bill, this is of course driven by the service or the need to provide services to the people. And when you hear or sum up the budget for the department it still stands on the 2018 budget 7 years down the line. Putting into considerations mothers like inflations another dynamic the budget cannot sustain the department to offer minimal service.

It is a high time we should think as a House on how to up the department budget, though I am aware that we proposed in the current budget to hover around Ksh. 93,000,000 as an increase. I do not know whether that can give a meaningful impact. But I want to believe if actually we could do something fairer than that, human health is life and we have to strain to offer the best services.

Our motto as Samburu County says healthy people and all that there is no better way to put or to give that service for healthy people other than these health services. Some are beyond this County like the Wage Bill; it is controlled by SRC and it has curbed at 35%. In which if we go today across and try to see we are up at least with 48. So, from 35 to 48, and still most facilities as Hon. Silapia said do not have casuals maybe the basic.

It is a collective responsibility for this House to see on how we can assist the department. I have something better but I appreciate and because of time well I appreciate the team and the House also see what we can do assist the department to realize some meaningful services to our people.

Thank you.

**Deputy Speaker,** (Hon. Lelengeju Jackson): Now CEC you may briefly answer the questions because of time.

**CECM for Medical Services, Public Health and Sanitation,** (Dr. Lekudere Nassir): Mr. Speaker sir. I think most of the comments are positive and I want to thank the Hon. Members for understanding and realizing the challenges that the department is facing on water. Because it is mandatory, especially on the issue of infection control and prevention. It is true the SAWASCO is not a reliable source and normally the immediate action that we were putting in place is the usage of water trucks which we normally use them. And we use 5 trucks a day, especially when we do not get water from SAWASCO.

As we have said maternity dialysis that is the reason unit that caters a lot of water. For example; in dialysis those machines require about 10,000 liters per side and that is to clean the machine. So, once the patient is put on dialysis, we require 10,000 liters of fresh water to clean the machine. It is the process and we usually take the water for analysis. For theater we usually clean it after every operation and that requires water. The same case applies to maternity, we do clean our labour wards after every delivery to prevent infection and blood borne diseases.

I think the rest are complimentary and let me just say the health department requires the support of the entire. It serves almost 310,000 people in Samburu County both inside and outside. And if you look at our budgetary allocation for drugs this next financial year. We have allocated close to Ksh 155,000,000. If you divide that by the population it means you have allocated Ksh 500 per person. And we thank God that the population does not get sick at the same time.

The other thing is about the services as I have said and that justified the reason we late. Another thing we need to look at is the workers. In a county referral hospital, you see 87,000 patients in OPV a year and none of them was without a drug. Thank you.

**Deputy Speaker,** (Hon. Lelengeju Jackson): Hon. Members let me take this opportunity, time; I'm considering the time factor and also given that most of the response from the member is all fairly or well done. I only allow the Chair for Health before I conclude.

**Chairperson committee on Health,** (Hon. Leitoro Jeremiah): Thank you Hon. Speaker. I would like to take this opportunity to thank the CEC and the team for attending this important session in this Hon. House. Indeed, before you close the session, I really wanted to hear from the CEC

pertaining to the gaps, experienced in the department a summarized manner. Considering some of the challenges that I have noted:

1. Increase the number of maternal maternity rates. We are at 84.1 to 183.76 per 100,000 live births. And usually, the national target is at 70. So, if we have a maternity rate of around 184. Hon. Speaker perhaps maybe you can be able to give clarity to the reason why we are experiencing such gaps.
2. Infant mortality rate. We want to have clarity on the measures the department is going to employ to account on those issues.
3. Immunization coverage. The Samburu County has drastically reduced. I think we are now at around 59.7% in the financial year 2024/2025. And the standard target is 90%. If you compare 90 and 52 you will find that we are far. The reason as to why I want the Hon. CEC to clarify this issue, is because all of these issues revolve around the budget. And the time that we have currently we are going to have our budget for financial year 2025/2026. It should come out clearly so that we can be able to have adequate discussions on issues pertaining to budgetary allocations for the department of Health. Because there is no miracle in health without adequate financing. If you will allow the Hon. CEC of the CO so they can be able to have a short summary on the challenges that pertain to health and how they can be able to be curbed I think we will be sorted. Thank you.

**Deputy Speaker,** (Hon Lelengeju Jackson): Chair for Health thank you for your supplementary contribution. But given that this is a house of rules and our Standing Order number 47(1) allows us to interrogate the CEC and his team in the afternoon for only one hour. And we are preceding that one-hour ruling; I equally do not know what are the adequate statistics and best mortality rate and things like that.

But I would prefer we send it to the Committees for them to do the other assignment and churn out through the Chair Committee so that you can bring to the House on such because it is a matter of time. But thank you for the valid contribution. Hon. Members I thank you and the CEC, Dr. Nassir and his team of medics Mr. Lengusuranga and Dr. Patteti and Dave who's not here but was before.

Thank you for all that interaction and you responded to the concerns rose. This House remains committed to ensuring financial integrity, transparency and fairness in administration of health care workers. Further, deliberations on Committee fall have can proceed as, maybe guided by this House through the Committee of health. To this far I allow you to leave.

### **ADJOURNMENT**

Hon. Members the time being 18 minutes past 5 o'clock and there being no other business, this Assembly now adjourns until Wednesday 11<sup>th</sup> June, 2025 at 9:30 am.