



THE COUNTY ASSEMBLY OF KITUI

**REPORT ON COUNTY ASSEMBLY TOUR TO KITUI GENERAL
LEVEL FOUR HOSPITAL AND NZAMBANI ROCK.**

(Committee of the Whole House)

MAY, 2015

PREFACE

Mr Speaker sir,

On behalf of the members of the County Assembly of Kitui, and pursuant to provisions of standing order 180(6), it's my pleasant privilege and pleasure to present the report on the findings and recommendations of the members on the inspection exercise to Kitui level four hospital and Nzambani rock.

The County Assembly has an oversight role over the executive organs. In order to carry out this function appropriately and conveniently, the house works through sectorial committees which were formed in line with county executive ministries.

The exercise was carried out on Wednesday 1st March, 2015.

Mr Speaker sir,

Standing Order No 191 expressly create the sectorial committees and their respective functions. In carrying out this exercise, the assembly through the committee of the whole house, sampled out the Kitui level four hospital and Nzambani rock for the purpose of coming up with detailed sector findings and recommendations.

Mr Speaker Sir,

The whole exercise was spearheaded by the committee of the whole house. However, the activity was directed basically to two sectorial committees namely; Committee on Health and Sanitation and Committee on Environment, Energy, Tourism and Natural Resources. Therefore, the report will indicate findings from two sectors.

Mr Speaker sir,

The list of members of County Assembly who participated in this exercise is captured under annex 1 of this report.

METHODOLOGY

In carrying out this exercise, the Assembly resolved to physically inspect the Kitui level four hospital and Nzambani Rock. A one day program was drawn for the members of the Assembly indicating the schedule of the day.

During this exercise, the team was involved in the following activities;

- (i) Direct observation
- (ii) Oral interviews
- (iii) Photographing

OBJECTIVES

Mr Speaker sir,

Following as statement request by Hon. Hussein Mwandia and a motion on Nzambani rock lease revocation moved by Hon. Robison Mativo, the members were set out to establish the following;

- i. Check the status of Kitui level four hospital in terms of service delivery, staffing, availability of medical equipment, infrastructure and learn the challenges faced by the institution.
- ii. To learn the historical background of Nzambani rock so as to enable the county Government of Kitui in its process of rehabilitation.

SECTOR FINDINGS.

The findings as explained in the preface above, were analyzed and recorded to give out a clear understanding of each sector status.

(A) DEPARTMENT ON HEALTH AND SANITATION

1. The unit of vaccines and immunization.

This unit is headed by the Sub County Public Health Nurse. All vaccines for the whole county are received, stored and re distributed from this unit. It is a unit that requires expensive equipment's. Therefore, the unit is faced by the following challenges;

- i. **In adequate storage facilities;**-The available refrigeration facilities in the unit store vaccines for the whole County. However there are few refrigerators that are not capable of holding vaccines to service the whole County. Generally the unit has old machines which are as old as thirty years and prone to regular breakdown.

- ii. **In adequate staff;**-Personnel is also a big challenge in this unit. According to the World Health Organization the staffing norm requires each vaccine unit of a level four hospital to have at least ten nurses excluding the Public Health Nurse. However, the unit is grossly understaffed with three Nurses.
- iii. **Challenge of disposal;**-This unit stores vaccines for the whole County, the reason being lack of power supply and gas cylinders in the sub counties health facilities .Therefore, when there is an urgent need for a vaccine is becomes a big challenge in disposing the required vaccine.
- iv. **Long procurement process;**-The study indicated that, the procurement process of vaccines is bureaucratic. The hospital procurement office writes to the division of vaccines organization to be supplied with vaccines which takes a long period of time.
In conclusion, most of the challenges are not within the hospital control.

2. The x-ray unit.

- i. **In adequate staff;**-The unit has only three staff who are required to work both during the day and at night.
- ii. **Inadequate tool and equipment's;**-for instance the x-ray machines are few to service the number of patients per day. In addition, they are old to an extend of not capable of producing proper results especially for fractures and scans which calls a patientfor referral to other Hospitals.

3.The physiotherapy unit.

This is a unit that deals with cases of rehabilitation of patients. Physiotherapy service are required in every Sub District Hospital.

- i. **Shortage of equipment's and machines;** Physiotherapyunit requires assorted machines such as short wave machines, a complete gym kit and trade mill which are used for exercise this are in existence in this unit. In every physiotherapy unit, there is supposed to be six specialized officers according to the world health organization. However, in the whole county there are only four i.e. in Kitui,Tseikuru,Migwani and Mwingi.

4. The Postnatal Unit.

- i. **Inadequate space**;-there is a lot of congestion to an extent that, two to three patients share a bed. Also each nursery accommodates three infants.
- ii. **Shortage of staff**;-the whole postnatal unit is manned by two nurses when they should be six to eight. For instance, the maternity wing is being helped by student nurses and clinical officers
- iii. **Shortage of delivery beds**;-rescutores(beds for newborns) are not available and only normal beds are there. The bed capacity is small to accommodate the number of expectant mothers per day.

5. The female ward

Challenges encountered in the female ward include:

- i. **Shortage of water**; in the whole hospital water is being supplied by water boozers, at least three boozers per day.
- ii. **Inadequate drugs**; the study showed that drugs are available, but only some specialized drugs are in shortage.
- iii. **Inadequate space**; the surgical and orthopedical wards have been combined when each should be a ward by itself.
- iv. **Inadequate staff**; according to the world health organization, at least two nurses should serve a ward of a level four hospital. In this case one nurse serves the whole ward.
- v. **Inadequate bedding and poor infrastructure**; the linen for the beds are few, the mosquito nets are inexistence and also windows have broken panes

6. Pharmaceuticals unit

This is the unit that stores drugs and disposes the expired ones.

Insufficient space; the unit lacks enough space for storing the drugs in use and the expired drugs awaiting disposal.

Lack of some specialized drugs; the unit lack some specialized drugs such as for snake bites.

7. The outpatient unit

This is the unit that deals with patients who come to the hospital for consultations, clinics and checkups and are released back home. It is faced with the following challenges:

- i. **Insufficient seats;** the chairs are very few to accommodate the number of patients awaiting to see the doctors. Thus bringing overcrowding within the reception.
- ii. **Insufficient equipment;** for instance stretchers are very few in this unit. The study shows that only two are in good condition resulting to patients being carried manually during a time of emergency.
- iii. **Inadequate staff;** the number of doctors attending the patients is small to an extent that some patients leave unattended and others queue for a long period of time.
- iv. **Poor data transfer system;** the hospital has been equipped with a modern method of data transfer from one unit to another. However, the system is very slow leading to patients spending a lot of time waiting to be attended

8. The kitchen unit

All the food for the inpatients is prepared in this unit. The challenges include:

- i. **Inadequate staff;** there are very few workers in this unit, only three who service the whole unit. The workers work for more hours than expected.
- ii. **Inadequate storage space;** the unit has a small store to accommodate the food stuffs delivered and the cleaning materials to an extent that bags of food stuffs are left lying anywhere.
- iii. **Old infrastructure;** the whole kitchen needs to be renovated since the roof is leaking and some window panes and walls are broken. In essence the whole kitchen unit is not up to the standards of modern hospital kitchen.

B.ENVIRONMENT, ENERGY, MINING, TOURISM AND NATURAL RESOURCES

The team visited Nzambani rock at noon as it was stipulated in the schedule.

On arrival the area Member of County Assembly representing Nzambani ward welcomed everyone and introduced five village elders and the oldest man among the five; Joseph Kyalo Ndava shared to the members a brief historical background of the rock as captured below.

Historical background of Nzambani rock.

The history of Nzambani rock is more of a myth. According to Joseph Kyalo Ndava, the name Nzambani originated from a lady named Nzamba. One day Nzamba and her sisters who were not mentioned went to the forest to collect firewood. On their mission, Nzamba came across a soft small stone that she believed it was once used as a grinding stone popularly known by the Kamba Community as 'Nthio'. Nzamba therefore decided to collect the stone and walk with it home to take it to her grandparents.

She therefore tied it around her waist. Her sisters had left her behind and advanced ahead looking for firewood. They later heard Nzamba crying for help. On running to the scene, they found that the stone that Nzamba had tied with a clothing around her waist had started to grow big. Soon the weight of the stone overcame Nzamba and she fell down. On seeing this, her sisters ran home to call for help. On coming back, they found that the stone had grown big and completely covered her.

From that day onwards, according to Joseph Kyalo Ndava, the big rock was named Nzambani Rock.

The Kamba Community started to use the stone as a shrine and believed that their gods lived there. A lot of blessings were associated with the rock e.g. great rains and buffer harvest.

Myth has it that a man whose name is not mentioned was said to have gone around the rock seven times and his gender changed to a woman; later on going back other seven times he changed to a man.

Later after a long period of time the County Council of Kitui entered into an agreement with Kyale Mwendwa who had plans to develop the rock.

The moment this happened, the gods were bitter about it and it was believed that people were cursed, the area started to receive minimal precipitation, their animals started dying and the curses still follow their generations.

Message from the area Member of County Assembly Nzambani Ward.

The chairman informed the members that the County Council of Kitui had leased the said rock to Kyale Mwendwa for 99 years with an agreement to develop the rock into an income generating facility.

After the inception of the County Governments, the County Government of Kitui through the ministry of Environment, Energy, Tourism and Natural Resources decided to revoke the lease since the proprietor did not honour the agreement. Therefore, through a motion dated 22nd February, 2015, the County Assembly of Kitui revoked the lease and revert it back to County Government of Kitui.

He further informed the members that, The County Government of Kitui had great plans to make Nzambani rock a tourism attraction site through; building cultural and natural history, museum galleries, live animal enclosure or zoo, botanical gardens, constructing modern stairs, construction of natural trails around the rock, wild life sanctuary, amphitheater, children play park and business Centre including restaurants, swimming pools, cyber cafe and bars.

This will create job opportunities to the people of Kitui County and earn revenue.

Message from the chairman committee on environment, energy, tourism and natural resources.

The chairperson on his welcoming note at Nzambani rock stressed the importance of rehabilitating the rock and making it a tourist attraction Centre. He further informed the members that, the County Government of Kitui has set aside enough funds to change the environment and to

rehabilitate the rock and come up with proper plans which could help the community.

The chairperson stressed the importance of revisiting the agreement made between the defunct County Council of Kitui and the investor Kyale Mwendwa to suit the County Governments plans and also ensure that the parties involved did not lose in the process of lease revocation. The chair further commented that there was need to preserve the history of Nzambanirock.

ANNEX1

LIST OF MEMBERS PRESENT.

SIGNATURE.

Hon. George Souza Kililiku	.....
Hon. Nzyoni Manguye	.....
Hon. Patricia Kisio Kimanzi	.....
Hon. Jackson Nzangi Mwanduka	.....
Hon. Jacob Kilonzi Maundu	.....
Hon. Jane Mutua	.....
Hon. Antony Kyalo Muthui	.....
Hon. Dominic Kilonzo Kauthi	.....
Hon. Hussein Mwandia	.....
Hon. Jamhuri Mwango	.....
Hon. Johnray Ngungu Ngava	.....
Hon. Kalovo Musau	.....
Hon. Kithikii Kavindi Allan	.....
Hon. Mwendwa Munyoki	.....
Hon. Nelson Kilonzo Kitema	.....
Hon. Nzuki Wambua	.....
Hon. Samuel Muriungi Ikunga .....	.....
Hon. Stanislaus Musee Mulongo	.....
Hon. Stephen Mwendwa Kithuka	.....
Hon. Angeline Mbula Muthui	.....
Hon. Annastacia Mwathi Mutunga	.....
Hon. Bernard Mwangangi Munyasya .....	.....
Hon. Boniface Maundu Katumbi	.....
Hon. Daniel Ngoima Kimanzi	.....
Hon. Deiy's Maithya Mukala	.....
Hon. Eunice Mwathi Katheke	.....
Hon. Felix Kinuva Kauvi	.....
Hon. Francis Kilonzi Mwalili	.....
Hon. Grogan Tito Mbivi	.....
Hon. James Mutunga Munuve .....	.....
Hon. Joseph Nzungi Ngwele	.....
Hon. Joyce Mwende Mutemi	.....

Hon. Mwove Kinyala	.....
Hon. Patrick Munyithya Mutua	.....
Hon. Peter Maithya Mutemi	.....
Hon. Peter Mwikya Kilonzo	.....
Hon. Robinson Mutwii Mativo	.....
Hon. Stephen Kiluu Wambua	.....
Hon. Titus Munyoki Kasinga	.....
Hon. Titus Ndemwa Mbiti	.....
Hon. John K. Nyamai	.....
Hon. Jenipher N. Munuve	.....
Hon. Jemimah Mbiti	.....
Hon. Alex Mutambu Nganga	.....
Hon. Angela M. Kanza	.....
Hon. Beatrice V. Musyoka	.....
Hon. Catherine Kasimu	.....
Hon. Colleta Kimanzi	.....
Hon. Irene C. Muvea	.....
Hon. Jane Mueni Muli	.....
Hon. Mary Ndumbu	.....
Hon. Mary Mbandi	.....
Hon. Phoebe Kisee	.....
Hon. Rhoda Wambua	.....
Hon. Ruth Kinyumu	.....
Hon. Vestantinah M. Chawana	.....