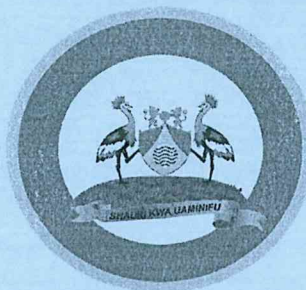


GOVERNMENT OF NAIROBI CITY COUNTY



THE NAIROBI CITY COUNTY ASSEMBLY

OFFICE OF THE CLERK

*Report tabled on  
5th July, 2023  
M. K. P.*

(SECOND SESSION)

NCCA/TJ/PL/2023(58)

5<sup>TH</sup> JULY 2023

PAPER LAID

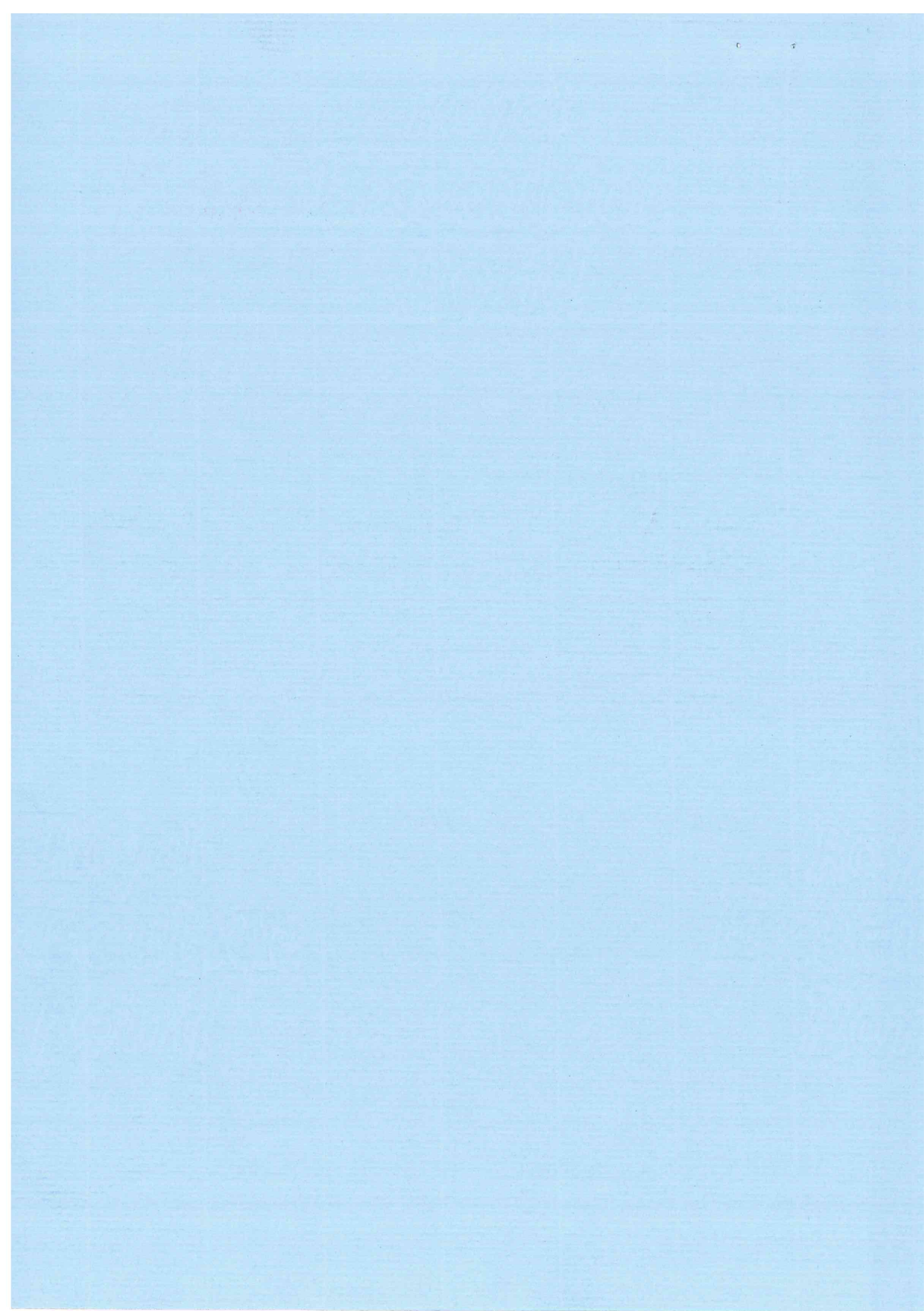
SUBJECT: REPORT OF COMMITTEE

Pursuant to Standing Order 196, I beg to lay the following Paper on the Table of this Assembly, today Wednesday 5<sup>th</sup> July 2023.

— THE REPORT OF THE SECTORAL COMMITTEE ON HEALTH SERVICES ON SITE INSPECTION VISIT TO MAMA LUCY KIBAKI HOSPITAL TO INVESTIGATE THE INCREASED CASES OF MEDICAL NEGLIGENCE.

*(Chairperson, Sectoral Committee on Health Services)*

Copies to:  
The Speaker  
The Clerk  
Hansard Editor  
Hansard Reporters  
The Press



COUNTY GOVERNMENT OF NAIROBI CITY



NAIROBI CITY COUNTY ASSEMBLY  
THIRD ASSEMBLY-SECOND SESSION

FOURTH REPORT  
OF THE SECTORAL COMMITTEE ON  
HEALTH SERVICES  
ON

SITE  
INSPECTION VISIT TO MAMA LUCY KIBAKI HOSPITAL TO INVESTIGATE THE INCREASED  
CASES OF MEDICAL NEGLIGENCE IN THE SAID COUNTY HEALTH FACILITY

Clerk's Chambers  
City Hall Buildings  
NAIROBI

JULY, 2023

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## APPENDICES

- i) Minutes
- ii) Statement by Hon. Redson Otieno
- iii) Response to statement from the County Executive

## ABBREVIATIONS

Mg- Milligrams  
(FFPs)- Fresh Frozen Plasma  
ICU- Intensive Care Unit  
MgSo4- Magnesium Sulphate  
MLKH – Mama Lucy Kibaki Hospital  
BP -Blood Pressure  
PR-Pulse Rate  
mmHg- Millimeters of mercury  
FHG-Full haemogram  
g/dl- Haemoglobin  
PLT -Platelets  
WBC -White blood cells  
MgSO4-magnesium sulphate  
CS- caesarian section  
EBL- Estimated Blood Loss  
Kg- Kilogrammes  
PACU- Post Anesthesia Care Unit  
PV - Per Vaginal  
RR- Respiratory Rate  
BPI- Brief Pain Inventory  
PPH-Post-Partum Haemorrhage  
NS-Normal Saline  
GA- General Anesthesia  
FFPs-Fresh Frozen Plasma  
KNH-Kenyatta National Hospital  
KUTRRH-Kenyatta University Teaching Research and Referral Hospital  
RBS-Random blood Sugar  
UECs- Urea Electrolytes Creatinine  
GRM- Grievance Redress Mechanisms  
QOC-Quality of Care  
SOPs - Standard Operating Procedures  
WHO- World Health Organization

## 1.0. PREFACE

### 1.1. Establishment and Mandate

Hon. Speaker,

The Sectoral Committee on Health Services was established pursuant to the Standing Order 209. The Committee's mandate amongst others, as outlined under Standing Orders 209 (6) is to:

- a. investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration, operations and estimates of the assigned departments;
- b. study the programme and policy objectives of departments and the effectiveness of the implementation;
- c. study and review all county legislation referred to it;
- d. study, assess and analyze the relative success of the departments as measured by the results obtained as compared with their stated objectives;
- e. 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;
- f. to vet and report on all appointments where the Constitution or any law requires the County Assembly to approve, except those under Standing Order 196 (Committee on Appointments); and
- g. make reports and recommendations to the County Assembly as often as possible, including recommendation of proposed legislation.

Hon Speaker,

The Sectoral Committee on Health Services is further mandated in the Third Schedule of the Standing Orders to deal with matters related to *“Health services, including, in particular County health facilities and pharmacies, ambulance services, promotion of primary health care, licensing and control of undertakings that sell food to the public, veterinary services (excluding regulation of the profession), cemeteries, funeral parlours and crematoria.”*

### 1.2. Committee Membership

The Committee Membership comprises of the following members:

1. Hon. Maurice Ochieng, MCA - Chairperson
2. Hon. Lily Akoth Kidenda, MCA – Deputy Chairperson
3. Hon. Evans Nyangicha, MCA
4. Hon. Patrick Karani, MCA
5. Hon. Benter Obiero, MCA
6. Hon. Ami Perez, MCA
7. Hon. Dabar Ahmedqadar, MCA
8. Hon. Emily Oduor, MCA
9. Hon. Cyrus Mugo, MCA
10. Hon. Hellen Awuor, MCA

11. Hon. Antony Maragu, MCA
12. Hon. Fatuma Abdiwahid Abey, MCA
13. Hon. Naomi Kerubo Bosire, MCA
14. Hon. Grace Kaheti, MCA
15. Hon. Chege Mwaura, MCA
16. Hon. Stephen Mugo Kimani, MCA
17. Hon. Chris Mtumishi, MCA
18. Hon. Patrick Macharia, MCA
19. Hon. Martin Mbugua, MCA
20. Hon. Lidya Akoth, MCA
21. Hon. Doreen Mugambi, MCA
22. Hon. Davidson Mugambi, MCA
23. Hon. Kame Adano, MCA

### 1.3 Committee Secretariat

The following Clerk Assistants currently serve in the Committee:

1. Ms. Cammelyne Anguche-Senior Clerk Assistant
2. Ms. Judy Aron- First Clerk Assistant

## **2.0 EXECUTIVE SUMMARY**

### **2.1 Background**

**Hon. Speaker,**

The right to health is a fundamental human right guaranteed in the Constitution of Kenya in Article 43 (1) (a) of the Constitution which provides that every person has the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care.

The County Assembly Committees are extensions of the Assembly established under the County Assembly Standing Orders and in accordance with Section 14 of the County Governments Act, 2012. The Committees are supposed to perform functions that the Assembly is not well fitted to consider in plenary.

The Sectoral Committee on Health Services exercises its oversight role on the work and administration of the County Health, Nutrition and Wellness Sector.

Pursuant to the provisions of Standing Order 209 (6) (b), (d) and (e), the Sectoral Committee on Health Services is mandated to study the programme and policy objectives of the County Health, Nutrition and Wellness Sector and the effectiveness of the implementation; study, assess, and analyze the success of the Sector as measured by the results obtained; and inquire into all matters relating to the Sector

### **2.2 Statement by Hon. Redson Otieno and Committee's oversight role**

**Hon. Speaker,**

On 1<sup>st</sup> November, 2022, Hon. Redson Otieno requested for a statement from the Chairperson, Sectoral Committee on Health Services regarding the increased cases of medical negligence in the County Health Facilities. In the Statement, the Hon. Member requested that the Chairperson inquires into and reports on:

- a) Detailed report and chronology of events that led to the loss of life of one Ms. Maureen Anyango at Mama Lucy Kibaki Hospital;
- b) What the hospital has since done for the family of the deceased as part of taking responsibility for breach of duty of care and causing injury to the family;
- c) Challenges the County Health facilities face in provision of high-quality health care services; and
- d) Measures that the County Executive is putting in place to prevent recurrence of medical negligence in all County Health facilities.

In the exercise of its mandate, the Committee wrote to the Sector to report on the aforementioned concerns raised by the Member. The Sector responded vide a letter Ref: NCC/SC-HSC/CORR/2023/02 dated 1<sup>st</sup> November, 2022 responded.

The Committee considered sector's submission and further resolved to undertake an inspection site visit with the sole intention of allowing Members to ascertain the alleged cases of medical negligence in the said County Health Facility, if any.

### 2.3 Acknowledgement

The Sectoral Committee on Health Services wishes to thank the offices of the Speaker and the Clerk of the Nairobi City County Assembly for the support extended to it in the conduct of this site inspection visit.

Further, the Committee is thankful to the Secretariat for their contribution during and after the visit and compilation of this report.

Finally, I wish to convey my gratitude to the Members of the Committee for their commitment during the investigation process that led to the conclusive compilation of this report.

Hon. Members,

On behalf of the Members of Sectoral committee on Health Services, it is my pleasant duty and privilege, to present the Committee's Report on its findings arising from the statement by Hon. Redson Otieno regarding increased cases of medical negligence in the County Health Facilities.

SIGN.....



THE HON. MAURICE OTIENO, MCA  
THE CHAIRPERSON.

DATE.....

4/7/2023

### **3.0 SITE INSPECTION VISIT TO MAMA LUCY KIBAKI HOSPITAL**

The Committee conducted the said site visit to Mama Lucy Kibaki Hospital on Wednesday 9<sup>th</sup> November, 2022 in order to ascertain the allegations as raised in the statement by Hon. Redson Otieno.

The Committee Members arrived at the hospital facility at 10.30am and were met with the Hospital Superintendent Ms. Emma Mutio who took the Members through the chronology of events from the time the late Maureen Anyango was admitted to when the patient had her last breath.

#### **3.1 Submissions by the Hospital Superintendent on the detailed chronology of events.**

01. The Hospital Superintendent Ms. Emma Mutio began by stating that Mama Lucy Kibaki Hospital (MLKH) reproductive health department has the third largest maternity Facility in Kenya by workload. Despite having only seventy one (71) beds, the facility had an average of 30 deliveries each day). For example in July - September 2022 period, there were 2,770 deliveries. This was only exceeded by Nakuru Referral Hospital at 2,954 deliveries and Pumwani maternity hospital at 4,780 deliveries, for the same period.
02. On 5<sup>th</sup> September 2022, there were 16 Normal deliveries and 12 caesarian deliveries. There were also other emergency gynecological procedures. The nurse to patient ratio in the post-natal ward is 1:40 against a recommend WHO ratio of 1:6. the late Maureen Anyango was a 28-year-old primigravida Level(1<sup>st</sup> pregnancy) at 39 weeks and 5 days with twin pregnancy referred from Kayole Level 2 Hospital to Mama Lucy Kibaki Hospital (MLKH) on 5<sup>th</sup> September 2022 with a diagnosis of malpresentation and preeclampsia and a blood pressure (BP) of 170/96mmHg, 169/93 mmHg. The patient was brought in by an ambulance and escorted by a nurse. She was given anti-hypertensives (nifedipine 20mg, methyldopa 250mg), and loaded with magnesium sulphate (MgSo<sub>4</sub>) at 10:15pm at Kayole Level 2 hospital just before the referral. At 10.45pm, the patient was received at MLKH labor ward triaged and found with a high blood pressure (BP) of 171/106 mmHg, pulse rate (PR) - 106/min the patient was admitted and management started i.e. medication, investigations, vital signs and fetal heart monitoring.
03. In the course of the patient monitoring at 12.26am, the blood pressure was noted to be high at 170/96mmHg. The patient was continued on anti-hypertensives and stabilization before she could go for the emergency caesarian section. At 1:16am, the following results were obtained after investigations i.e. Full haemogram (FHC)- Haemoglobin 13.1g/dl, Platelets (PLT)  $249 \times 10^9/L$ , White blood cells (WBC)  $9.5 \times 10^9/L$ ; Blood group O positive (+). Blood cross matching and ultrasound were also done. The ultrasound revealed twin gestation of dichorionic diamniotic, the first twin in breech presentation and the second twin in cephalic presentation.

04. At 2.31am the blood pressure (BP) was noted to be 161/105mmHg, PR 115/min. Treatment continued including the anti-hypertensive, magnesium sulphate (MgSO<sub>4</sub>) and reassurance.
05. Once the patient was stable, informed consent was obtained she was taken to theatre where she was received at 06:45am. The vital signs were BP 161/84 mmHg, PR 108/min.
06. The emergency caesarian section (CS) was done at 07:00am under spinal anesthesia. The outcome was twins in good condition. The first twin male was in breech presentation Apgar score of 9,10,10 (first, 5th and 10th minute), birth weight 3.8kg. The second twin male had an Apgar score of 9,10,10 (first, 5th and 10th minute), birth weight of 3.9kg. The said procedure was uneventful and the patient was stable after the operation. The estimated blood loss (EBL) was 600mls. The patient was given prophylactic misoprostol, and oxytocin infusion.
07. After the operation the patient was taken to the post anesthesia care unit (PACU) at 8:10am for post-operative monitoring and was noted to be fairly stable, with controlled blood pressure and minimal per vaginal (PV) blood loss. At 10.00am the patient was received in post-natal unit in stable condition (BP- 140/84, minimal PV blood loss). Breastfeeding was initiated.
08. At 11.10am patient monitoring continued at post-natal ward with BP139/84, PR 111/min, RR 18/min, and was noted to be in stable condition and monitoring continued.
09. At 1:20pm it was noted that the patient was experiencing PV bleeding. The patient was immediately reviewed, noted to be markedly pale, weak and BP-124/80, PR 90/min. Upon further examination the uterus was noted to be at 22/40 weeks and well contracted. Management for post-partum hemorrhage (PPH) was commenced by expelling blood clots, second IV access introduced, normal saline (NS) 500ml with oxytocin 20iu and IV tranexamic acid 1g. The patient was prepared for examination under anesthesia (EUA) and investigations carried out. The results were as follows FHG – Hb 9.4g/dl, PLT  $324 \times 10^9/L$ , WBC  $30.18 \times 10^9/L$ .
010. At 1:50pm the theatre list was received in theatre and at 2:10pm the patient was received in theatre with vital signs of BP 120/84mmHg and PR 103/min. At 2:25pm patient was put under general anesthesia (GA) for EUA. During EUA the following findings were made: no uterine atony, blood clots expelled 600mls, no tears noted and cervix was normal, uterus well contracted. There was no bleeding from the cervical Os. Hemostasis was achieved. The following was administered oxytocin 30iu, Intravenous fluid (IVF) 1litre, Voluven 500ml. The patient was transfused 1 unit of blood at 3pm.

011. At 3:10pm patient reversal from anesthesia was attempted but failed hence the patient was maintained on mechanical ventilation. At 4:00pm upon consultation a decision was made on conservative management, blood transfusion, investigation, input - output and close monitoring of vital signs.

012. At 4:30pm the patient received second unit of blood, and one (1) unit Fresh Frozen Plasma (FFPs). Patient remained on ventilation with BP 189/119mmHg, PR160/min SPO2- 94%. At 5:00pm the decision for critical care for the patient was made and a call made to Kenyatta National Hospital (KNH) for ICU. There was no ICU space in KNH.

013. Later on Kenyatta University Teaching Research and Referral Hospital (KUTRRH) was contacted and gave a quotation of Ksh. 200,000 deposit which the relatives were informed but could not raise the said amount. All along as the patient was in theatre the relatives were informed about the condition of the patient and the search for ICU.

014. At 7:48pm on further review, the plan of management continued as follows:

- Random blood Sugar (RBS) monitoring, maintain sedation with infusion pump with midazolam. Given analgesia- Tramadol;
- labetalol to control blood pressure; and 40mg IV Lasix (total 80mg) for pulmonary edema; Urea, electrolytes, creatinine (UECs) LFTs;
- Monitor fluid input /output (output noted 2500ml); and
- Appraise next of kin, follow up on more blood and continue efforts to secure ICU space.

015. At 8:00pm Kiambu Level 5 indicated that ICU space was available. At this point the vitals were as follows: BP-148/78mmHg, PR 114/min, spo2- 99% and at 9.00pm- BP 140/99; PR 162/min, spo2 97%. During this time the patient was on continuous care in theatre while on mechanical ventilation. Two units of fresh frozen plasma (FFP) were transfused and afterwards blood transfusion continued.

0.16. At 11.00pm the patient was transferred to Kiambu Level V Hospital while undergoing transfusion of the third unit of blood. The patient was received at Kiambu Level 5 Hospital ICU at twelve (12) midnight on 7<sup>th</sup> September. The patient unfortunately succumbed later that morning. Counselling services were offered to the spouse at Mama Lucy Kibaki Hospital by the Hospital Psychologist.

**ii). What the Hospital has done for the family as part of taking responsibility for breach of duty and causing injury to the family.**

Ms Emmy Mutio explained that;

01. The hospital had conducted a family conference immediately upon notification of the said demise of Ms. Maurine Anyango.

02. Grief counselling and psychological support was given to the immediate family and spouse.
03. The family was counselled and advised to allow a postmortem to be conducted.
04. Nutrition counselling was offered to the husband for the sake of the twins;
05. Near miss audit was conducted by the department with a view to identify possible gaps and addressing them.
06. The Hospital Maternal and perinatal Death Surveillance and Response (MPDSR) Meeting was held then afterwards two MPDSR meetings with the County team in attendance.
07. Statements obtained from the staffs who were involved in the care and treatment of Ms. Anyango.
08. On 2<sup>nd</sup> November, 2022 a special Hospital Management Board Meeting was held to discuss the matter.
09. Memo to the reproductive Health Department highlighting the importance of proper triaging, vital sign examination, proper documentation, patient centered care and escalation of matters/issues when need arises.
10. The Kenya Medical Practitioners and Dentists Council is already investigating the matter and we await their response and recommendations.

**iii). Challenges faced by the County Health Facilities in provision of high quality health care services**

01. Low staff: patient ratios and increased burnout especially in high volume facilities. Staffing should be boosted to improve the ratios and address the high attrition rates especially for nursing staff;
02. Inadequate supplies and commodities;
03. Infrastructure constraints hence patient congestion and risk of hospital acquired infections;
04. Inadequate equipment; and
05. Lack of motivation leading to low staff morale.

**iv). Measures that the County Executive is putting in place to prevent recurrence of medical negligence in all County Health Facilities.**

Ms. Mutio stated that the County has so far instituted;

01. Maternal and perinatal deaths surveillance and response (MPDSR) – identification of gaps during the period of patient care;
02. Dissemination of guidelines and standard operating Procedures (SOPs) – most recently the maternal and neonatal Quality of Care (QOC) standards;

- 03. Client involvement through Grievance Redress Mechanisms (GRM) and other feedback mechanisms;
- 04. Enhance staff motivation through promotions/ confirmations/redesignations, trainings and addressing their mental wellbeing; and
- 05. Equipment-avail required equipment and ensuring their regular maintenance.

**3.2 Pictures taken during the site visit at the Mama Lucy Kibaki Hospital.**



#### **4.0 FINDINGS & OBSERVATIONS BY THE COMMITTEE**

Following the Site Inspection visit, the Committee observed as follows;

- i.) The Mother and the new born twins had been attended to despite the health care system gaps occasioned by lack of clear and structured communication channels;
- ii.) There is a shortage of nurses at Mama Lucy Kibaki Hospital. Currently in Kenya , the ratio of nurses to patients at the said Health Facility is 1:40 as opposed to the recommended WHO ratio of 1:6; In this regard, it was noted that nurses cannot work efficiently to give maximum care to the patients; and
- iii.) Mama Lucy Kibaki Hospital had no machinery for ICU services hence had requested for Intensive Care Unit Machinery unit in proper condition particularly in cases of emergency.

## **5.0 COMMITTEE RECOMMENDATIONS**

Following the findings together with the submissions obtained from the site inspection visit to Mama Lucy Kibaki Hospital, the Committee urges the Assembly to resolve as follows;

1. The County Executive Committee Member for Health, Nutrition and Wellness Sector to ensure efficient institutional arrangements are urgently put in place to accommodate and respond to the needs of expectant mothers and other isolated cases;
2. The County Executive Committee Member for Health, Nutrition and Wellness Sector to ensure capacity building for health workers particularly on customer care and management before the end of Financial year 2023/24 as it was passed in the Annual Development Plan 2023/24 ;
3. The County Executive Committee Member for Health, Nutrition and Wellness Sector need to ensure there is periodic reshuffle of staff at the Mama Lucy Kibaki hospital and indeed all other County Hospitals to avert complacency and enhance quality services;
4. The County Executive to purchase equipment needed for intensive care Unit and should also ensure to develop a policy on the maintenance of the existing machineries. This will enable efficient service delivery to patients particularly those admitted for emergency services; and
5. The County Government should hire more nurses in order to adhere to the ratio as recommended by WHO. As such, the County Sector for Health, Nutrition and Wellness should liaise with the County Public Service Board to ensure recruitment of more nurses before 30<sup>th</sup> December, 2023.

**MINUTES OF THE 16<sup>TH</sup> SITTING OF NAIROBI CITY COUNTY ASSEMBLY'S SECTORAL COMMITTEE ON HEALTH SERVICES HELD ON TUESDAY, 4<sup>TH</sup> JULY, 2023 AT 12.00 P.M. IN COMMITTEE ROOM 2, CITY HALL BUILDINGS**

**PRESENT:**

1. Hon. Maurice Ochieng, MCA
2. Hon. Evans Nyangicha, MCA
3. Hon. Lily Akoth Kidenda, MCA
4. Hon. Benter Obiero, MCA
5. Hon. Ami Perez, MCA
6. Hon. Emily Oduor, MCA
7. Hon. Cyrus Mugo, MCA
8. Hon. Hellen Awuor, MCA
9. Hon. Antony Maragu, MCA
10. Hon. Fatuma Abdiwahid Abey, MCA
11. Hon. Naomi Kerubo Bosire, MCA
12. Hon. Grace Kaheti, MCA
13. Hon. Chris Mtumishi, MCA
14. Hon. Martin Mbugua, MCA
15. Hon. Lidya Akoth, MCA
16. Hon. Doreen Mugambi, MCA
17. Hon. Davidson Mugambi, MCA
18. Hon. Dabar Ahmedqadar, MCA
19. Hon. Asliv Muhamed, MCA
20. Hon. Stephen Mugo Kimani, MCA
21. Hon. Patrick Macharia, MCA
22. Hon. Kame Adano, MCA
23. Hon. Chege Mwaura, MCA

**SECRETARIAT – COUNTY ASSEMBLY**

1. Ms. Cammelyne Anguche – Clerk Assistant
2. Ms. Judy Aron- First Clerk Assistant

**MIN 55/JULY/2022– PRAYERS**

The meeting was called to order at 12.25 a.m and begun with a word of prayer from Hon. Naomi Kerubo. The Chairperson then took Members through the agenda which was adopted as proposed by Hon. Evans Nyangicha and seconded by Hon. Cyrus Mugo as follows:-

**AGENDA**

1. Prayers
2. Adoption of the Agenda
3. Adoption of the report of the Site Inspection Visit to Mama Lucy Kibaki Hospital
4. Any other business
5. Adjournment

MIN. 56/JULY /2023– ADOPTION OF THE REPORT OF THE SITE INSPECTION VISIT TO MAMA LUCY KIBAKI HOSPITAL.

The agenda of the Meeting was adopted as proposed by Hon. Grace Kaheti and seconded by Hon. Ami Perez.

Following the findings together with the submissions obtained from the site inspection visit to Mama Lucy Kibaki Hospital, the Committee urges the Assembly to resolve as follows;

1. The County Executive Committee Member for Health, Nutrition and Wellness Sector to ensure efficient institutional arrangements are urgently put in place to accommodate and respond to the needs of expectant mothers and other isolated cases;
2. The County Executive Committee Member for Health, Nutrition and Wellness Sector to ensure capacity building for health workers particularly on customer care and management before the end of Financial year 2023/24 as it was passed in the Annual Development Plan 2023/24 ;
3. The County Executive Committee Member for Health, Nutrition and Wellness Sector need to ensure there is periodic reshuffle of staff at the Mama Lucy Kibaki hospital and indeed all other County Hospitals to avert complacency and enhance quality services;
4. The County Executive to purchase equipment needed for intensive care Unit and should also ensure to develop a policy on the maintenance of the existing machineries. This will enable efficient service delivery to patients particularly those admitted for emergency services; and
5. The County Government should hire more nurses in order to adhere to the ratio as recommended by WHO. As such, the County Sector for Health, Nutrition and Wellness should liaise with the County Public Service Board to ensure recruitment of more nurses before 30<sup>th</sup> December, 2023.

MIN. 57/JULY /2023- ANY OTHER BUSINESS AND ADJOURNMENT

There being no any other business to consider, the meeting was adjourned at 1.30pm.

CONFIRMED AS TRUE RECORDS OF PROCEEDINGS

CHAIRPERSON.....

DATE.....