

COUNTY ASSEMBLY OF BUNGOMA

COUNTY ASSEMBLY DEBATES

DAILY HANSARD

WEDNESDAY 2ND FEBRUARY, 2022

Morning Sitting

COUNTY ASSEMBLY OF BUNGOMA

HANSARD OFFICIAL REPORT

WEDNESDAY 2ND FEBRUARY, 2022

The House met at 9:30 a.m.

(Mr. Deputy Speaker [Hon. Stephen Wamalwa] in the Chair)

PRAYER

PAPERS

THE BUNGOMA COUNTY GOVERNMENT FISCAL STRATEGY PAPER FOR FY 2022/2023

Hon. Joseph Nyongesa (Leader of Majority): Thank you Mr. Speaker. Actually today we are making history because for the first time we have now tabled this document in time. Allow me table the Bungoma County Government Fiscal Strategy Paper for FY 2022/2023.

Mr. Deputy Speaker: Thank you. Honourable members, the Bungoma County Government Fiscal Strategy Paper having been tabled is now property of this House and stands committed to the committee of Budget and Appropriation and sector committees will extract their departmental areas for the expeditious work on the same.

REPORT BY IMPLEMENTATION COMMITTEE ON THE IMPLEMENTATION STATUS OF VARIOUS ACTS ENACTED BY THE BUNGOMA COUNTY ASSEMBLY

Hon. Sophie Marumbu: Thank you, Mr. Speaker. I rise to table the report by Implementation committee on the implementation status of the Bungoma County Alcoholic drinks Control act 2015

- i. The Bungoma County Trade Licensing Act 2017
- ii. The Bungoma County Parking Management Act 2017
- iii. The Bungoma County Property Hire and Lease act 2017
 - i. The Bungoma County Agricultural Produce Cess Act of 2017

Mr. Deputy Speaker: Thank you, Hon. Sophie. Honourable members, this report by Implementation Committee having been properly laid procedurally before this House, it is now the property of this Assembly.

NOTICE OF MOTION

That this House adopts the report by Implementation Committee on the implementation status of

- i. The Bungoma County Trade Licensing Act 2017
- ii. The Bungoma County Parking Management Act 2017
- iii. The Bungoma County Property Hire and Lease act 2017
- iv. The Bungoma County Agricultural Produce Cess Act of 2017

Hon. Sophie Marumbu: Thank you, Mr. Speaker. I rise to give notice of motion that his House adopts the report of Implementation Committee on the implementation status of

- i. The Bungoma County Trade Licensing Act 2017
- ii. The Bungoma County Parking Management Act 2017
- iii. The Bungoma County Property Hire and Lease act 2017
- iv. The Bungoma County Agricultural Produce Cess Act of 2017

Mr. Deputy Speaker: Thank you, Honourable members. A notice of motion having been issued, I therefore direct that it be circulated to all Honourable members of this House for their consumption and it will form part of the business that will be considered by this Assembly.

MOTION

REPORT BY SECTORAL COMMITTEE ON HEALTH ON THE FUNCTIONALITY OF DISTRIBUTED GENERATORS AMONG 7 HEALTH FACILITIES IN THE COUNTY

Hon. Tony Barasa: Thank you, Honourable Speaker. The Committee on Health report on functionality of the distributed generators among 7 health facilities in the County of Bungoma.

COMMITTEE MANDATE

The sectoral committee on Health was constituted pursuant to the provisions of standing order 196 of the County Assembly of Bungoma and executes its mandate in accordance with standing order 196(5).

MEMBERSHIP

The committee currently comprises of members as adopted by this House. Nothing has changed,

ACKNOWLEDGEMENT

May I take this opportunity to thank members of committee for their commitment in undertaking the fact finding exercise on the seven health facilities and input during the exercise which had accumulated into compilation of this report.

On behalf of this committee, I wish to express gratitude to the offices of the Speaker and the clerk of the County Assembly for the support provided to the committee.

Similarly, the committee extends its gratitude to the respective medical superintendent for providing the committee with information as requested by the committee.

It's now my pleasure on behalf of the committee to present this report to this Honourable House for adoption. Report is signed by Honorable George Makari Chairperson sectoral Committee on Health.

BACKGROUND

IMPORTANCE OF GENERATORS IN PROVIDING BACKUP FOR HOSPITALS

Imagine a scenario where you are in a hospital bed and hooked up to many machines that are helping you to stay alive and comfortable, one minute you faint and the next minute you are in critical condition because the sudden power outage has caused your machine to shut down thereby affecting your survival.

This single scenario is enough to understand why it is absolutely critical to have power back up solution set up in every hospital.

The Healthcare sector cannot risk lagging behind since it deals with human life every single day.

Generators play a very important role in ensuring there is enough supply of power especially in areas where there is no electricity supply in case of power or blackout.

Everyone will agree with this Health committee that hospitals need a lot of power supply for lighting to powers air filtration devices and power machines that keep patients alive. This is why whenever the power grid fails, there is need for a way to keep the most important machines functioning until the main power supply resumes.

During this time, the power back generator will ensure that there is enough supply of power and that lifesaving machinery is kept running and that no life is lost because of power loss.

Hospitals are the community life support system in both times of crisis and in general health care if power outage occurs backup power is needed to keep life support machines and other necessary healthcare tools working in order to sustain patients life.

Other than risking the patients comfort during the power outage, it also cuts access to medical response, patient history information and even access to drug and medical supplies causing critical patients to get worse.

With advances in technology, the healthcare system has started utilizing several high technology measures to make the daily hospital operations to run smoothly as well as is the patients stay at the hospital.

However, it deprives the hospital to be heavily dependent on electricity for everything to run smoothly. This is where the importance of generators comes in. Whenever there is power outage, a hospital almost always uses a backup generator to make sure that critical equipment remains up and running.

The need of generators in the healthcare market is one of the absolute importance, whenever there is a blackout patients need to be assured that hospitals will be able to sustain power from an alternative source.

Unlike the regular generators used to maintain power in the homes, the generators used in the healthcare must achieve high level of efficiency and provide instantaneous power during blackouts. It's very important that hospitals have generators backup because power outages are often unexpected and unpredictable. The set of those in immediate need of the healthcare is currently a priority and fortunately the generators can ensure that those in hospitals will be taken care off with little to no interruption.

When the power goes off at home temporarily, it can be quite an inconvenience when the power goes out area wide for any length of time. It can be a major cause of several serious problems and concerns. Perhaps the most serious of this is loss of power in hospitals,

If hospitals cannot maintain power, serious inpatients are at risk, monitors, oxygen pumps, communication equipment and other variable devices can stop working

ACQUISITION OF 7 GENERATORS

Honourable Speaker Sir, In the FY 2018/19 the department of Health allocated Ksh 8million for the acquisition of 7 generators which was subsequently procured. The generators were distributed to the following facilities

1. Mt. Elgon Sub County Hospital
2. Mechimeru Sub county hospital
3. Chwele Sub county hospital
4. Kimilili Sub county hospital
5. Bumula Sub county hospital
6. Sirisia Sub county hospital

7. Sinoko Sub county hospital.

Specific details for the various generators that were supplied to the health facilities

Mt. Elgon Sub County Hospital

Mt. Elgon Sub county hospital had 20KVA generator for UK origin supplied and tested in good condition installed well and in a built power House by the supplier. The generator only powers part of the facility owing to its low wattage that according to the hospitals management the power required for the entire facility is 60 KVA therefore the 20 KVA generators is not sufficient.

Consequently, theater which houses virtually medical equipment and other parts of the facility were left out exposing them to power outages. The Management therefore requested for a bigger set in order to address the deficiency.

Mechimeru Sub County Hospital

15 KVA generator of UK origin supplied tested in good condition. Currently the generator is operational and functioning in running the facility in terms of workability and lighting system. The generator meets all the needs of the facility. The generator is connected with KPLC power line and incase of the power outage the generator automatically starts

CHWELE SUB COUNTY HOSPITAL

The 20 KVA generator of UK origin, supplied, tested and in good condition. The facility has installed a 3 phase power supply from KPLC. The generator capacity is sufficient for the hospital installed in a power House by the supplier. In case of power blackout, the generator automatically provides power to the hospital.

KIMILILI SUB COUNTY HOSPITAL

15 KVA generators of UK origin supplied and in good condition. The facility uses the old functional 6 KVA generator which was in good condition and working in case of power blackout.

The generator supports the entire facility in powering, hospital equipping, equipment and also lighting. The old generator is well installed in a generator House. Further, the newly supplied generator has also been installed well in a power House by the supplier besides the old generator. The newly supplied generator was not working. The hospital largely depends on electricity from Kenya Power and 60KVA old generator.

BUMULA SUB COUNTY HOSPITAL

15KVA generator of UK origin was supplied and installed in a generator room by the supplier. The hospital management lauded its installation and it has enabled storage of blood and relative services which had led to successful blood transfusion from over 25 patients in a facility thus reducing dependency in County Referral Hospital. Other nearby facilities had reportedly benefitted from these services.

However, the facility had no three phase power supply hence the generator was not in sync with grid power. The hospital had even applied to Kenya power for the upgrade of the same.

SIRISIA SUB COUNTY HOSPITAL

The 15 KVA generator of UK origin supplied was supplied and installed. It is housed in a generator room which formed part of the contract. Installation and load balancing began in January 2020. Start of operation began in August 2020. The generator only powers part of the facility owing to its low wattage. According to the hospital management, the power required for the entire facility is 60KVA and therefore the 15 KVA generator is not sufficient.

Consequently, the theater which house vital medical equipment and other parts of the facility were left out exposing them to power outages.

The management therefore requested for a bigger set in order to address the deficiency.

SINOKO SUB COUNTY HOSPITAL

A15KVA generator of UK origin was supplied and tested. It's in good condition. The facility has no three phase power supply thence the generator was not operational and not working. The hospital management had applied to Kenya power for the upgrade of the same. The generator meets all the needs of the facility. It is installed well in a built power House by the supplier.

The hospital largely depends on electricity from Kenya power.

COMMITTEE GENERAL OBSERVATION

1. That in some facilities the generators procured do not meet the power output requirement to run all electrical equipment a case in point Mt. Elgon and Sirisia Sub county Hospital
2. The power outages in facilities can come in many forms from weather related events, natural disasters, general blackout or an equipment failure on ageing power grid. Being prepared for the worse is a must for every hospital with critical equipment to avert loss of life.
3. There was no evidence of routine maintenance to ensure worthiness and service life for the generators
4. That for the generators to run for an extended period, fuel is the first and most basic requirement. There is need for facilities to prioritize fuel purchase to improve the likelihood of it running in the event of power emergency.

5. The gaps relating to generators power output vice versa the facility power requirements points to a program executed in haste without consulting relevant players in determining appropriate set.

Committee's general recommendations

1. That the County Chief Officer County Department of Health and sanitation in consultation with the boards to secure more suitable generators with sufficient power for Mt. Elgon and Sirisia sub county to make them operational.
2. That the County chief officer County Department of Health and Sanitation to ensure that they supplied generators of KVA20 and KVA15 in Mt. Elgon, Sirisia and Kimilili sub county hospitals respectively are taken to other well deserving health facilities depending on workload within the County after acquisition and installation of other generators with capacity in the said facilities.
3. That the County Chief Officer County department of health and sanitation devolves some maintenance programs to establish the generator engine's mechanical performance as well as test to prove that the generators conditions are up to 100 percent full load. This test should be carried out periodically.
4. That the County Chief Officer County department of health and sanitation in consultation with the hospital management boards should come up with a fiscal policy to ensure timely purchase of fuel for use by generators through the AIA.
5. That the County Chief officer county department of health and sanitation to look into possibilities of diversifying backup registry to include reliable solar system for other small facilities with low power requirement e.g dispensaries reports on its feasibility.

That is the end of that report. Adoption of the report we the members of the sectorial committee adopted the report. Allow me call Hon. Jack Wambulwa to second the report.

(Applause)

Hon. Jack Wambulwa: Thank you, Honorable Speaker. As I stand up to second the motion, it is important that as a department of Health, we require to have generators in all these referrals, sub County hospitals and the major health centers within our County. The ministry has made an effort to try and come up with generators, but their capacity is also wanting. I therefore request that as much as we support this initiative, they should be doing the survey before any purchase of generators. I second.

(Applause)

Mr. Deputy Speaker: Thank you, Hon. Ouma. Honorable members, the motion having been moved and duly seconded, I now propose the question that this House adopts the report by the sectorial Committee on Health on the functionality of the distributed generators among seven health facilities in the County.

(Question proposed)

Hon. Henry Majimbo: Mr. Speaker, First, I want to laud the committee on its own initiative to go on this fact finding exercise. I support this motion with the following observations; The report does not contain the terms of reference (TOR), what precipitated the committee to go out on this fact finding exercise, that is a gap that I have discovered because looking at how they have started the report's background, they have just gone straight to the word "imagine" That imagine you are in a hospital bed. They would have brought us to the point of why they did go out, what ignited this fact finding; that is one area that they have not come out clearly to tell us.

Secondly, I would have really wished to know the cost of this generators and whether the user departments had asked for them, because looking at the report, you find that in the observations they have said that some generators do not power other equipment within the facilities. So I would have wished to know the type of generators that user department had requested to be procured.

Looking at the first observation, they say that in some facilities, the generators procured do not meet the power output required to run all electrical equipment; case in point is Mt. Elgon and Sirisia sub county hospitals. Now, if you go further and look at Bumula, they say that in Bumula, there is a facility that they procured 15KVA but they are still using the 60KV, it must be Kimilili; that now brings me to the point of were the health facilities involved in this procurement or it was a decision that was taken at the headquarters. So that is something that is a gap. They could have also given us the cost and other supporting documents on the procurement of these generators because if you tell me it is UK origin and there is no supporting document, do you want me to believe? I am a doubting Thomas; I can't believe what you are trying to adduce.

There is no pictorial evidence of the site visits unless they forgot to send me the pictorial evidence to see how the generators look like. That is a key component in fact-finding that demonstrate that indeed when you visited Kimilili, this is the 15KV and this is the 60KV. I think that is a big anomaly and in my opinion, this report is not comprehensive.

Last but not least, they are recommending that headquarter should put mechanism on how to procure fuel. There is a lot of consultation on my left hand side and I may not concentrate.

Mr. Deputy Speaker: Hon. Ouma and Wapang'ana, you are consulting loudly disrupting the Honorable member on the floor.

Hon. Henry Majimbo: Mr. Speaker, the two Honorable members have forgotten that we are in the chambers; they think we are in Miyanga and Nalondo market.

(Laughter)

Fourth recommendation says that the County Chief officer, County department of Health and Sanitation in consultation with the hospital management board should come up with a fiscal policy to ensure timely purchase of fuel for use by generators through AIA. Before the new arrangement where health sector is being managed by County Governments, previously we had what was called cost sharing which was also known as facility improvement fund. This is where health facilities used to collect cost sharing monies and they were used to mitigate small issues like paying casual, supplementary hospital supplies, paying water and electricity and other small expenses. This is now to the Committee on Health, I don't know whether this arrangement is still there, whether they have ever interrogated how this money is being collected in the various health facilities, whether this money is being put into proper use, riding on the previous administrative arrangement where the facility improvement funds were being put into use to address the issues that I have just informed to the House on.

Health committee should look at the Health Services Act which we passed in this House. I don't know whether the Health committee has ever had a serious interrogation of how these funds collected from various health facilities are being used. My investigation has shown that much of these funds that are being collected in the major health facilities like the County Referral Hospital, Webuye County hospital, Kimilili, Sirisia. This money that is being splashed in Kimilili, Maeni, Kibingei and Kamukuywa wards, when you go visiting there are some father Christmas there that will give you one thousand shillings as an appreciation for visiting them and this is the money that the sector Committee on Health should further inquire into and see whether it is prudently used or not. Because this money is never surrendered to the County Revenue Account; it is just being spent at the source. But the constitution is very clear that all receipted monies have to be put in the County Revenue account.

We should come up with an arrangement that as much as these facilities are collecting the monies, but there should be a percentage that should be remitted to the facilities after being put into the County Revenue Account such that we put a caveat and say maybe 40% remains with the facility and 60 % comes to the revenue account to assist in financing the budget but here is a case where monies...

The other day we were asking the County Treasury and they were saying that is redline and we are not allowed to go there. If the County treasury cannot have access and the Constitution and PFM Act gives them that responsibility, then we have given out a blank cheque for public funds to be used like it is personal money. So as we move forward, we should look at that Act and also put some mechanisms and for your information, when that Act was passed in this House, we have never approved any regulations to operationalize that Act. So even the operationalization of that Act is still an illegality. So the Committee on Health, please it is not late, why can't we insist on regulations to be brought to this House, so that we can put some mechanism that can have these monies being used prudently. I support.

Mr. Deputy Speaker: Thank you, Hon. Henry for your passionate contribution.

Hon. Jack Kawa: Thank you, Mr. Speaker. First, I want to applaud the committee for the report. Secondly, as a member of this House, I wish to know from the committee, the criteria used to arrive on 7 sub county hospitals because we have the nine sub counties in this County. For example in Webuye West, we have Bokoli sub county hospital. Why leave some two sub counties out?

We also want to know the capacity of the generator, I am very sure what Hon. Majimbo has said, when you go to our hospitals especially the casuals; they are not getting their salaries. In any case in Bokoli hospital for about four months, casuals have not been paid and I wonder how the hospital will make sure that the generator goes up to 100 %. So we must also put our things in order so that when we procure or budget for something, we must make sure it does to the maximum. For example this is a very big institution, we have a generator here, a good example, it is not working so I wonder a big institution like this Assembly compared to the sub county hospital, it brings some worries. We the Committee to invite the relevant members to appear before us and assure us that whatever they are doing do not get stuck at a given stage. Otherwise, I want to applaud the Committee and the department for the good plans.

Personally, last week I was at Bokoli Sub County Hospital and we were given a Theatre worthy 8.8 Million and that is something as a representative of the people must say thank you. In brief we want the Committee to invite the Chief Officer, the Director and the CECM so that we can get the assurance that whatever we are doing will not get stuck at any given stage. Otherwise I want to support the report that we must do something on it.

Hon. Rosemary Khisa: Thank you Mr. Speaker for giving me an opportunity to contribute towards this report. First of all I want to say that I'm supporting the report and also congratulate the Committee on Health for coming up with this report.

I have a concern when it comes to Health facilities. We have been coming up with the reports on Health facilities but when you go into details, I want to request the Committee on Health that as much as you recommend some of the Health facilities more than others, you should realize how many Health Facilities in Bungoma County especially when it comes to Sub County Hospitals. I want to say that in many cases, it is like some of the Sub Counties have died. When I talk this way, I'm referring to Chwele Sub-County Hospital. Now that we are beginning to look into County Fiscal Strategy Paper, we also want to have history of each Sub County Hospital.

You will find that Chwele facility is one of the oldest facilities in Bungoma County. I think it is next to Bungoma Referral Hospital but you will find that nobody talks about it. When it comes to allocation, there is nothing that is put there. Recently I was told that they were organizing to have a Harambee to assist the facility to run. I wondered whether Chwele Kabuchai is a private or a Government Hospital?

That has put me in an awkward situation when the public and the management of the facility are requesting for politicians to come in, so that they can have a Harambee to enable it run. When you look at it, if you can count from 2013 to date, you will find that there is no even a toilet that was constructed by the County Government of Bungoma.

So Honorable Members of the Committee, sometimes you do the audit to find out how many facilities we have especially Sub-County Hospitals have been facilitated or have been allocated money. If others have not, what is the problem? Should we close it? We cannot continue putting money in one or two Sub-Counties, when others also need services from this Government.

Honorable Members, that is my concern and I wish that as you come up with Fiscal Strategy Paper and any other report, please find out how Chwele Kabuchai Sub-County Hospital is being run and how it has been funded as well as when it was funded. We also want to have that audit report so that as we prepare or plan, we know the Sub Counties that have been left behind.

Hon. Barasa Mukhongo: I stand to support the report but I had constrained myself not to speak. The last speaker has made me to stand up. Yesterday, when I wanted to make some amendments, those are the cases that we are facing. Some of the areas are being marginalized.

Look at what Hon. Rosemary has just said. It has taken so many years without funding going to some facilities. Honorable Members, this is a House that approves the budget. Sometimes when a Member is giving his opinion, you should not just leave it that way. Otherwise, I support the report.

Mr. Deputy Speaker: Thank you, Hon. Mukhongo. May I at this time call upon the mover to reply?

Hon. Tony Barasa: Thank you, Mr. Speaker. I want to thank the Honorable Members who have just supported the report with their views. True I want to stand with Hon. Mukhongo who has just said that some of the areas have been marginalized in this regime and also to support Hon. Rosemary that not only this regime but since 2013 some parts of this County have been marginalized.

I want to assure Hon. Rosemary that in this report we captured Chwele Kabuchai Sub County and it is one of the Sub County Hospitals that have benefited from these generators. I also want to thank Hon. Kawa that why not Webuye County and in particular he mentioned Bokoli. I don't know from where I sit who said that Webuye Referral is in Webuye West Sub County. That is why we could not benefit two Sub-Counties with more than one generator.

About the issues of casuals, I want to believe that Hon. Kawa being one of the Members of this House, we can bring a matter of County importance so that we address the issue of casuals once and for all, because we have been budgeting for this particular issue.

I now want to go to Honorable Senior Majimbo that indeed on page 8 of this report, what is the amount of money allocated? Page 8 is giving us amounts for buying these generators. Accumulative amount of money that was allocated by the Ministry was 12 Million.

What we are asking as a Committee is that we wanted to get the breakdown of the 8 Million, because you cannot tell us that 15 KVA and 18KVA all run at the same amount of money. We were unable to get this. Why we made the fact finding as asked by Hon. Majimbo is that these money was given in 2018/2019 but the department had not made an initiative for them to make use of these generators and when we were summoning them in our meeting. It now made them to hurry so that they could install these generators.

I want to agree with Hon. Majimbo that the Health facilities that benefitted were not involved either in giving their proposals or need for generators. It was something that was decided at the County Headquarters and it just benefitted these facilities as a by the way.

If the Hospitals were involved, we couldn't get a scenario like Kimilili that had a 60 KVA requesting for another 20 KVA generator. Those were the mismatch that the Committee noted. Going forward, we were like for the good use of money, we need these facilities to make proposals.

I also want to take blame as the chair of Health on pictorial evidence. We walked around all these facilities and this is a let down from the secretariat of this Committee because I remember in Bumula we were with Hon. Jack and others in the other group for we had divided into two groups. We took photos of all the generators, Members present and the facilities we were visiting.

On buying fuel in Health facilities, we went for fact finding and it was a shock that some of the generators were just there like pictures. They were given generators and some facilities were saying that we were brought the generators but we don't know how we are going to run them for we don't have the budget for fuel.

On the issue of the Health Services Act and we want to call this to order and as Health Committee, we are going to buy the idea of Hon. Majimbo, so that the regulations to operationalize this Act must come to this House because these Health officials have taken Health department as their bedrooms. This one must be our all collective responsibility as Honorable Members to bring the Health department to order. As a Chair of Health Committee, we are going to lead from the front so that we stop this fraudulent act.

For those many remarks, with those hiccups that we made like pictorial omission, allow me ask this Honorable House to adopt the report.

(Applause)

Mr. Deputy Speaker: Thank you, Hon. Khaoya for your reply. I also want to imagine that even when you are running your bedroom, you will have to have some order because you will have to make sure that your bed is very straight and clean. I don't know when you are running your House and bedroom, how you run it different from other entity.

Honorable Members, the Motion having been moved, seconded, debate having ensued and a reply made there upon by the mover, I now put a question that this House adopts the report by the sectoral Committee on Health on the functionality of the distributed generators among seven Health facilities in the County.

(Question put and agreed to)

(Applause)

The report is adopted.

BILLS

BUNGOMA COUNTY FIRST SUPPLEMENTARY APPROPRIATION BILL 2022 ANNUAL ESTIMATES FOR THE FINANCIAL YEAR 2021/2022

Hon. Jack Wambulwa: The Bungoma County First Supplementary Appropriation Bill 2022 Annual Estimates for the financial year 2021/2022 be read for the third time.

Mr. Deputy Speaker: Thank you Chair. Honorable members, I now put a question that the Bungoma County Government First Supplementary Appropriation Bill 2022 annual estimates for the financial year 2021/2022 be read the third time.

(Question put and agreed to)

A bill of an act of Bungoma to authorize the issue of a sum of money out of the revenue fund and its application towards the service of the year ending 30th June, 2022 and to appropriate that sum and the sum votes to that account by the County Assembly for certain Public service and purposes *Third reading*

Honorable Members, the Bill having been read for the third time, I direct that the report, HANSARD and vellum be prepared and be forwarded to the executive for assent.

Honorable Members, that being the last item on the Order paper, the session stands adjourned to 2:30 p.m. this afternoon.

(House adjourns)