

COUNTY GOVERNMENT OF BUNGOMA

COUNTY ASSEMBLY OF BUNGOMA

COUNTY ASSEMBLY DEBATES

THE DAILY HANSARD

WEDNESDAY, 25TH JUNE, 2025

Morning Sitting

3rd County Assembly

4th Session

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COUNTY ASSEMBLY OF BUNGOMA

THE DAILY HANSARD

WEDNESDAY, 25TH JUNE, 2025

The House met at the County Assembly Chamber at 9:30 a.m.

(Mr. Speaker [Hon. Emmanuel Situma] in the Chair)

PRAYER

PAPERS

THE BUNGOMA COUNTY CLIMATE CHANGE FUND QUARTERLY REPORTS AND FINANCIAL STATEMENTS FOR THE PERIOD ENDED AT 1ST MARCH, 2025

Mr. Speaker: Leader of Majority, proceed.

Hon. Joseph Nyongesa: Thank you, Mr. Speaker. I rise to table the Bungoma County Climate Change Fund quarterly report and financial statements for the period ended at 1st March, 2025.

(Paper laid by Hon. Joseph Nyongesa)

Mr. Speaker: Honourable members, the Bungoma County Climate Change Fund quarterly reports and financial statements for the period ended at 1st March, 2025 is hereby tabled and the same is committed to the Committee of Tourism, Environment, Climate Change, Water and Natural Resources for processing and reporting back to the House accordingly.

QUESTIONS AND STATEMENTS

STATEMENT IN RELATION TO ILLEGAL, IRREGULAR CONSTRUCTION OF BUILDINGS ALONG KITINDA ROAD OPPOSITE HUDUMA CENTER WITHIN TOWNSHIP WARD

Mr. Speaker: Hon. Jeremiah Kuloba, proceed.

Hon. Jeremiah Kuloba: Thank you, Hon. Speaker.

Mr. Speaker: I hope we have a member from the Committee of Lands because I gave permission of the Chair of the said committee.

Hon. Kuloba, proceed.

Hon. Jeremiah Kuloba: Thank you, Mr. Speaker. My statement deals with illegal or irregular construction of buildings along Kitinda Road opposite Huduma Center within Township Ward.

Pursuant to the provisions of Standing Order No. 47(2) of the County Assembly of Bungoma Standing Orders, I hereby seek for a statement from the Chairperson, Sectoral Committee on Lands, Urban, Fiscal Planning and Housing. This is in relation to the general procedure of approvals and also the state of the buildings currently under construction along Kitinda Road opposite Huduma Center within Bungoma Township.

Pursuant to the provisions of the Fiscal and Land Use Planning Act 2019. The requirements leading to building plan approval include

- a) A submission of architectural drawings
- b) a survey plan
- c) proof of land ownership
- d) proof of land rates clearance, and
- e) Notification of approval of authenticated architectural plans and construction permit.

In the response, let the Chair inquire into and elaborate on the following.

- 1) Whose mandate it is to approve architectural buildings within the County and what roles does the county director fiscal planning play in the process?
- 2) Whether the approval process of buildings currently under construction along Kitinda Road opposite Huduma Center within Bungoma Township was followed before commencement of the construction?
- 3) The approved architectural drawings of buildings currently under construction along Kitinda Road opposite Huduma Center within Bungoma Township?
- 4) Disclose the plot number and the identity of the owners?
- 5) The amount paid as fees?
- 6) Any other relevant documents relating to the subject matter?

I have signed it as the MCA of Township Ward.

Mr. Speaker: Hon. Ipara is standing in for Hon. Francis Chemion, how long do you require?

Hon. Johnston Ipara: Hon. Speaker, we request for 14 days to present a good response to the question.

Mr. Speaker: It will take us up to 9th of July. Hon. Jeremiah, what is your issue?

Hon. Jeremiah Kuloba: The issue is that 14 days is a long period.

Mr. Speaker: Hon. Jeremiah, you cannot control the number of days to be given to a committee because it has been a practice in this House.

Hon. Jeremiah Kuloba: Mine can be shortened.

Mr. Speaker: There is nothing so urgent. If it was very urgent like before, it would have come in last year. So you cannot come in and say that you want this House to hurry up.

Hon. Jeremiah Kuloba: Thank you, Mr. Speaker.

Mr. Speaker: We will give you 14 days. Let them come and say they are not ready, then we will be able to now do what is necessary. But as per now, we have given you 14 days and they will give feedback on 9th of July.

MOTION

REPORT OF THE SECTORAL COMMITTEE ON HEALTH SERVICES ON 1ST AND 2ND QUARTER FINANCIAL STATEMENTS FOR THE PERIOD ENDED AS 1ST DECEMBER, 2024

Mr. Speaker: Yes, who is moving the report? Hon. Milliah Masungo, proceed. Hon. Millie, we are asking you to confirm quorum. You will have to be patient. Confirm quorum, Hon. Milliah Masungo.

(Loud Consultations)

Let us confirm first. How many are you?

(Loud consultations)

But now unfortunately, the mover has not signed it. She cannot move the report.

Mr. Speaker: Why?

Hon. Milliah Masungo: I have signed, Hon. Speaker.

Mr. Speaker: Look at the one on the gadget, the one I am having, you have not been signed.

(Loud Consultations)

Hon. Milliah Masungo: It does not matter. I have signed the report that I am reading.

Mr. Speaker: Hon. Milliah, you know that it is supposed to be signed concurrently.

Hon. Milliah Masungo: It was not my mistake, Hon. Speaker.

Mr. Speaker: That can't be a reason, Hon. George, because they are signed simultaneously.

Hon. Milliah Masungo: I have signed, Hon. Speaker.

Mr. Speaker: Honorable Members, during the adoption of the report... Hon. Chikati, you are not allowed to speak now. Hon. Chikati you are not allowed.

(Laughter)

Hon. Milliah Masungo: Can I proceed Honorable Speaker?

Mr. Speaker: You proceed, Hon. Chikati says some truth and I do agree with him.

(Loud consultation)

Honorable Members, Hon. Milliah will be proceeding.

Hon. Milliah Masungo: Thank you, Hon. Speaker.

Mr. Speaker: Yes, Honorable Leader of Majority.

Hon. Joseph Nyongesa: Thank you, Speaker.

Mr. Speaker: Kindly resume your seat, once somebody is allowed to speak; you take your chair.

Hon. Joseph Nyongesa: Hon. Speaker, in fact we are talking out of care and love because if what I am saying here how members are adopting this report, and if we let it go like this then we shall be risking our members of Health because one thing, these members were paid. And if they were paid and their signatures are not appearing in this report then...

(Applause)

...when the auditors will come and cross-check the payment and the report that was sent on our gadget, it will be quite embarrassing. How I wish that they withdraw the report, sign and then resend it to members or else they tell us that these members who did not sign were not part of the report and were not paid.

Mr. Speaker: Hon. Chikati, proceed

Hon. Timothy Chikati: Hon. Speaker, I am seconding what Majority has said. Looking at the report...

Mr. Speaker: Just contribute; it is not a motion for you to second. Just associate your submission of the Majority Leader.

Hon. Timothy Chikati: I am supporting what the Majority has said. The report has been signed by five members. Now, the whip is moving around with the report looking for members to append the signatures which is different from the report that you have on your desk. So, let this report be taken back because these people have been paid, so let them go and even re-do it afresh.

Mr. Speaker: Yes, Hon. Tony.

Hon. Timothy Chikati: Hon. Speaker, you know Hon. Chikati is on record saying that whatever he has seen on this gadget is only signed by five members. I want to confirm that it is not five members but instead they are nine members which is above the quorum. So he can withdraw the statement that only five members signed. Unless he is not having that report, because some members were actually ill and we cannot control human nature, and the report is properly signed,

Mr. Speaker: Hon. George.

Hon. George Makari: You cannot punish the committee for the mistake of the secretariat. One, you see the committee clerk must tell members that our report is ready to be signed. And I have seen some committee clerks passing the report around for members to sign. That is not our mistake.

Mr. Speaker: Hon. Makari,

Hon. George Makari: Mr., Speaker, yours is to determine whether there is a quorum or not, and we have a quorum.

Mr. Speaker: Hon. Makari, if you go that direction, I will agree with the majority that you go back and start afresh.

(Loud consultations)

(Applause)

I am aware that this report adoption stands at the venue of report writing in Kisumu and not here. If you start blaming the secretariat and yet you are the chair of the committee...

Hon. George Makari: And I signed, Hon. Speaker.

Mr. Speaker: Honourable Members that direction is very dangerous. Let us leave the motion aside. Honorable members, if we go that direction then some members will be surcharged but we have that complaint, we ought to take care of each other.

So I am aware of one thing. They won't use a soft copy on our gadgets. For today, we close that eye but tomorrow, not at all.

(Applause)

So, the idea of saying that we have signed and people have been seen signing here is wrong. The one I am having has been signed by the mover and you can't change those facts.

Hon. George Makari: So we can have a new mover, Hon. Waiti is there?

Mr. Speaker: Hon. Milliah Masungo come and move the report?

Hon. Milliah Masungo: Thank you, Hon. Speaker, to have given me this chance to move the report on Health and Sanitation. Before I move the report, you know people are still excited with what happened yesterday. And allow me to speak because I was one of the affected members.

Members should know that these are common practices that happen in these Houses, both National government and County governments. So the excitement, the ego should be reduced because the way people are reacting on this issue, they are much more excited than even the AZIMIO members themselves. So it brings some question marks on why the excitement...

Mr. Speaker: Hon. Milliah, mine was on the issue of signing the report and the quorum, nothing else.

Loud consultations

Honorable... I will not allow you to speak. Let us allow the Honorable Member to move the motion. We can have other side shows, after this session. You are to call caucuses and discuss your issues.

Hon. Milliah Masungo: Thank you, Speaker. I was only thanking my new elected leaders. I want to say that we are contented as a Coalition and we will move on comfortably. I am only cautioning outsiders entering our AZIMIO Coalition

Acknowledgement

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.

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

Mr. Speaker: Hon. Milliah Masungo, you cannot just jump and give us acknowledgement, the committee has membership and mandate.

Hon. Milliah Masungo: Mr. Speaker, these are things I am not used to, I will now start with preface.

Executive Summary

The quarterly reports and financial statements presents budget execution status covering the period under review with comparative actual achievements and budget amounts for the previous financial year. Further, it contains the revenue performance both locally generated and an equitable share from the National Government.

Pursuant to section 166(4) of the PFM Act 2012, the County Treasury is mandated to prepare quarterly reports on all county departments and submit the same to the County Assembly not later than 30 days of the succeeding month after the end of each quarter. It is in this regard that the County Executive Committee Member for Finance and Economic Planning submitted the Bungoma County quarterly report and financial statements for the period ended 31st December 2024.

The report was subsequently tabled in this House and the Hon. Speaker directed that the report be committed to all sector committees for legislative processing and reporting.

Finally, the Committee has herein comprehensively considered the Bungoma County consolidated financial statements and reports for the period ended 31st December 2024 and presents this as the committee report for consideration by this House.

It is my pleasant duty to present the report on the consolidated financial statements and report for the period ended 31st December 2024, in respect to the department of Health and Sanitation.

Committee Mandate

The Sectoral Committee on Health Services was constituted pursuant to the provisions of Standing Order No.217 of the County Assembly of Bungoma and executes its mandate in accordance with Standing Order 217(5).

Committee Membership

The Committee currently comprises the following Members,

1. Hon. George	Makari	Chairperson
2. Hon. Jerusa	Aleu	Vice – Chairperson
3. Hon. Meshack	Simiyu	Member
4. Hon. Tony	Barasa	Member
5. Hon. Jack	Wambulwa	Member
6. Hon. Orize	Kundu	Member
7. Hon. Wafula	Waiti	Member
8. Hon. Bernard	Kikechi	Member
9. Hon. Joan	Kirong'	Member
10. Hon. Vitalis	Wangila	Member
11. Hon. Jacob	Psero	Member
12. Hon. Anthony	Luseneka	Member
13. Hon. Job	Mukoyandali	Member
14. Hon. Milliah	Masungo	Member
15. Hon. Grace	Sundukwa	Member

Guiding Constitutional and statutory principles

In the execution of its mandate, the Committee is guided by core constitutional and statutory principles on Public Finance Management, as well as established customs, traditions, practices and usages. These principles include the following:

Constitutional Principles on Public Finance

Article 201 of the Constitution of Kenya, 2010 enacts fundamental principles that “...*shall guide all aspects of public finance in the Republic...*” These principles include, *inter alia*, that: 201(a)

there shall be openness and accountability, including public participation in financial matters; 201(d) Public money shall be used in a prudent and responsible way; and 201(e) financial management shall be responsible, and fiscal reporting shall be clear.

Direct Personal Liability

Article 226(5) of the Constitution of Kenya, 2010 is emphatic that “*If the holder of a public office, including a political office, directs or approves the use of public funds contrary to law or instructions, the person is liable for any loss arising from that use and shall make good the loss, whether the person remains the holder of the office or not*”.

Obligations of Accounting Officers

The Public Finance Management Act, 2012 section 149 **(1),(2), (a), (f) and (q)** states as follows;

Section 149 (1) *an accounting officer is accountable to the County Assembly for ensuring that resources of the entity for which the officer is designated are used in a way that is;*

- *Lawful and authorized*
- *Effective, efficient, economical and transparent*

Section 149 (2) *in carrying out a responsibility imposed by subsection (1), an accounting officer shall, in respect of the entity concerned;*

Section 149 (2)(a) *ensure that all expenditure made by the entity complies with subsection 1*

Section 149 (2) (f) *bring a matter to the attention of the Executive Committee member responsible for the entity if, in the accounting officer’s opinion a decision or policy or proposed decision or policy of the entity may result in resources being used in a way that is contrary to subsection (1)*

Section 149 (2)(q) *provide information on any fraud, losses, or any violations of subsection (1) and provide explanations for the actions taken to prevent similar conduct in future.*

The Public Finance Management Act, 2012 section 166 states as follows;

1. *An accounting officer for a county government entity shall prepare a report for each quarter of the financial year in respect of the entity.*
2. *In preparing a quarterly report for a county government entity, the accounting officer shall ensure that the report—*
 - (a) *contains information on the financial and nonfinancial performance of the entity; and*
 - (b) *is in a form determined by the Accounting Standards Board.*
3. *Not later, than fifteen days after the end of each quarter, the accounting officer shall submit the quarterly report to the County Treasury.*

4. *Not later than one month after the end of each quarter, the County Treasury shall—*
 - (a) *consolidate the quarterly reports and submit them to the county assembly;*
 - (b) *deliver copies to the Controller of Budget, National Treasury and the Commission on Revenue Allocation;*
 - (c) *publish and publicize them*

Acknowledgement

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.

May I take this opportunity to thank all Members of the Committee for their effort and time during the interrogation exercise and contributions in writing this report.

It is now my pleasant duty on behalf of the Committee to present this report to this Honourable House for adoption.

Report is signed by Hon. George Makari Chairperson sectoral Committee on Health Services

DEPARTMENTAL ANALYSIS OF FINANCIAL STATEMENTAS AND REPORTS

HEALTH AND SANITATION

Revenue

The department realized total revenue of Kshs. 2,047,756,274 in the 1st half out of a budget of Kshs. 4,442,473,737 translating to 46.09% as detailed below:

- Exchequer Kshs. 1,714,469,154
- Local revenue (AIA for level 4&5) Kshs. 315,960,457
- Grants(DANIDA) Kshs. 17,326,663

Level 4 & 5 Hospitals

The level 4 & 5 hospitals had a balance brought forward of Kshs. 87.3 million and an actual collection of Kshs. 314,981,554, the report is silent on how the funds brought forward were spent recognizing only the actual collection but submission from the department indicate that the brought forward funds will be recognized in the 4th quarter after the approval of the 1st supplementary.

FACILITY	REVENUE TARGET (A)	Actual collection	%age
BCRH	375,328,308	145,512,133.00	38.77
Webuye Sub-County	356,313,803	81,812,542.00	22.96
Kimilili Sub-County	34,719,019	23,921,894.00	68.90
Naitiri Sub-County	29,537,736	5,323,368.00	18.02
Chwele Sub-County	26,494,123	6,992,059.00	26.39
Cheptais Sub-County	30,936,198	15,217,955.00	49.19
Bokoli Sub-County	12,706,253	5,332,498.00	41.97
MT.Elon Sub-County	21,555,383	10,290,485.00	47.74
Bumula Sub-County	21,225,958	9,316,640.00	43.89
Sirisia Sub-County	39,972,313	10,500,005.00	26.27
Sinoko Sub-County	7,458,313	761,975.00	10.22
TOTAL	956,247,407	314,981,554.00	32.94

All the facilities hit below the target except Kimilili and Cheptais. Expenditures for each facility were provided and have been captured in this report.

Personnel expenditures

The department spent Kshs 870,904,614 and Kshs 642,646,173 in quarter one and quarter two respectively for permanent and pensionable staff totaling to Kshs 1,513,550,787 i.e. 55.8% as summarized below:

Salary Expenditure for Permanent and Pensionable staff

Quarter 1		Quarter 2		
Moth	(Note 1)	Expenditure	Month	Expenditure
July		431,022,029	October	215,973,961
August		222,755,358	November	213,765,084
September		217,127,227	December	212,907,128
Total		870,904,614	Total	642,646,173

The chief officer, on commenting on the May and June 2024 salaries that were charged on the current year budget as illustrated in the 1st Supplementary budget, indicated that 431.02 million cleared the 2 months' salary. However the payroll for May and June salaries were not provided. The payroll provided to support the above figures indicate July 222.7 million, August 202.3 million, September 215.9million, October 213.3 million, November 212.9 million and December 230.6 million. This Means the December salary was paid in January 2025.

The Contracted Staffs

The expenditure on contracted staffs was Kshs 81, 751,013 from the total budget against Kshs161, 793,120 which represents an absorption rate of 50.5 per cent. The payments were for the month of July 2024.

The Community Health Promoters (CHPs)

The expenditure on CHP staffs of Kshs 44, 750,000 from an allocation of Kshs 214,800,000 represents an absorption rate of only 20.8 per cent at the midyear, which is below expected utilization of 50 per cent. It is unclear whether the Kshs 44,700,000 expenditure on contracted staffs came from the National Government or the County Government contribution, as the budget was structured with co-funding of Ksh107, 400,000 from each source.

The Department submitted that the amount is purely from the County Government. On the National counter funding, payments are not done directly from the Ministry of Health (National), and the department only gets a report. The Committee observed that both the expenditure should form part of the information in the Departments' financial statements to disclose the extended National Government support, and since the figures appears in Departments' budget where the Chief Officer is accountable.

Other recurrent expenditures include:

- ✓ Electricity Kshs732,243,000
- ✓ Communication Kshs137,600
- ✓ Domestic travels Kshs2, 351,583
- ✓ Field allowance Kshs512, 550
- ✓ Publishing and printing Kshs400,000
- ✓ Catering services Kshs280, 500
- ✓ Boards and committees Kshs979,670
- ✓ Medical drugs Kshs8,000,177,
- ✓ Dressing and Non-pharms Kshs 6,064,000
- ✓ Supplies and accessories for computers Kshs46, 000
- ✓ Refund fuel Kshs1, 474,138
- ✓ Contracted professionals Kshs1,990,000

The Department Pending Bills

A total of Kshs. 467,206,363 was pending bills due to suppliers and contractors as at 1st July 2024. This comprised kshs.162, 296,426 recurrent and kshs.304, 909,937 developments. Within the first half of the financial year, recurrent pending bills were paid to a tune of Kshs. 15,906,821 while kshs.29, 250,264 was paid towards development pending bills. The department submitted

that a total amount of 72,000,000 has been allocated in the 1st supplementary to cater for pending bills.

Recurrent bills/supplies;

The following recurrent bills/suppliers were sourced from current year votes:

- KEMSA -Payment for delivery of drugs Kshs. 15,906,821
- Black Timber -Payment for supply of pharmaceuticals Kshs.2,918,500

Development

- Construction of sewer line at Webuye with a contract sum of Kshs. 31,221,600 was paid to a tune of Kshs. 17,311,200. The chief officer indicated that refunds have been sought in the 1st supplementary budget FY 2024/25 to settle the bill.

The below pending bills payments were paid and cleared from the ward based vote:

- Supply and delivery of medical equipment for Eluuya dispensary in Milima ward Kshs. 1,890,125.
- Supply of medical equipment in Tabani dispensary in Ndalu ward Kshs. 943,100.
- Purchase of medical equipment for Savanna dispensary in Mihuu ward Kshs.1, 017,100.
- Supply of medical equipment for Ndalu disp in Ndalu ward Kshs. 1,904,200.
- Purchase of medical equipment in Chepyuk and Kaimugul dispensaries Kshs.941, 150.
- Proposed Completion of maternity ward Nasyanda and fencing at Mabuusi Dispensary Kshs. 1,218,800.
- Proposed erection and completion of works for maternity at Mayenga at Kimaeti Ward Kshs. 1,842,209.
- Proposed construction of 4NO door pit latrine with urinal at Khaoya Recreational centre Kshs. 697,150.
- Purchase of medical equipment in Naitiri, Kabuyefwe ward (Lungai, Sirakaru and Makhanga dispensaries) Kshs.1, 485,230.

Level 4 and 5 pending bills

Level 4 and 5 healthcare facilities have accumulated pending bills totaling Kshs. 73,937,044 as shown below. Comprehensive information about the supplies delivered and the contractors involved have been provided. Notably, Bungoma County Referral Hospital (BCRH) reports no outstanding bills. BCRH and Webuye facilities pending development bills were transferred to departments head quarter budget as submitted by the chief officer.

- Webuye county hospital Kshs. 15,114,393 which relates to the current year commitments and they relate to majorly specialized materials.

- Kimilili sub-county hospital Kshs. 15,019,506.00. The breakdown of the pending bills provided is as follows: Kshs. 6,640,778 relates to FY 2023/24 and Kshs. 8,378,728 to current Financial Year. The pending bills relates to majorly medical drugs, non-pharms, building and maintenance and food and ration. There is also a pending bill of Kshs. 711,100 towards contracted guards which can compromise on the safety of the facilities' assets.
- Chwele sub-county hospital Kshs. 6,800,606. Chwele shows commitments totalling approximately Kshs. 7,503,386 with some partial payments made, leaving Kshs. 6,800,606 in outstanding amounts. Most bills related to Non-pharms, maintenance of building and food and ration.
- Mt-Elgon sub-county hospital Kshs. 6,489,758: Kshs. 3,923,974 relates to FY 2019/20 and Kshs. 2,565,784 relates to FY 2023/24.
- Sirisia sub-county hospital Kshs. 6,626,708. However the pending bills provided totals Kshs. 11,895,022.60 broken down as below:

FY	Amount
2018/19	1,845,249.00
2019/20	172,130.00
2020/21	495,220.00
2021/22	1,005,675.00
2022/23	3,108,434.00
2023/24	1,866,661.60
2024/25	3,401,653.00

- Bokoli sub-county hospital Kshs. 3,289,648. The pending bills relates to FY 2019/20 to 2024/25 and majorly specialized materials.
- Bumula sub-county hospital Kshs. 8,580,645. The dates/FY the deliveries were done has not been indicated. The pending bills mostly relates to General office supplies, food and Ration and maintenance.
- Naitiri sub-county hospital Kshs. 12,015,780. The bills relates to FY 2018/19 to 2023/24 and they relate to specialized materials like medical drugs, non-pharms, lab re-agent , food and ration

The outstanding Imprest

The outstanding Imprest totaling to Kshs. 1,338,150 had most of them surrendered in the third quarter except for 2 activities: Facilitation for repair and replacement of stalled printer parts ((Feb 2024) and facilitation for secretariat training (Oct 2024): the chief officer submitted that the two imprests have since been surrendered and officers are in the process of clearance by the county treasury. However, there was no evidence to support the surrender of the two imprests.

Development

The planned development projects are as listed below:

- Ward-based projects Kshs. 67.6million.
- Purchase and equipping of an ambulance Kshs. 13 million. The ambulance is at procurement stage.
- Medical equipment for health centres and dispensaries Kshs. 22,583,013. The list of equipment was not provided but the health centres and dispensaries that will benefit include:

Musikoma Health centre	Nakhana dispensary	Namwela dispensary
Kibuke Health centres	Bitobo dispensary	Namirembe dispensary
Kituni dispensary	Malinda dispensary	makololwe dispensary
Ngwelo dispensary	Kapkeke dispensary	Namang'ofulo dispensary
Kimama dispensary	Kipsubula dispensary	Bukokholo dispensary
Makunga dispensary	Misanga dispensary	Kambini dispensary
Kakimanyi dispensary	Napongo dispensary	Makhonge dispensary
Luuhya Health centre	Savana dispensary	Lurare dispensary
Nasaka dispensary	Fuchani dispensary	Butieli dispensary
Mukhweya dispensary	Makhanga dispensary	Machakha dispensary
Sichei Dispensary/KMTC	Kaimugu dispensary	Chebwek dispensary
Namusasi dispensary	Chepkurkur dispensary	Namatotoa dispensary

Implementation status of the ward-based projects

The Ward-based projects had a budget of Kshs. 67,600,000 out of which 28 projects totaling to Kshs. 65,048,932 were tendered and awarded. Out of the 28 projects only 9 are complete as highlighted below. The rest of the projects are at site handover stage, opinion stage. Status of payment of the projects or absorption of each of the ward-based projects were not shown nor provided by the department. The completed projects include:

- The proposed completion of Milani dispensary and installation of power Bokoli Kshs. 963,916.85
- The proposed construction of maternity wing at Matulo dispensary Kshs. 3,307,540.54
- The proposed construction of Nameme dispensary in Maeni Ward Kshs. 2,959,450.15
- The proposed construction works for Namikelo dispensary in Tuuti/Marakaru Kshs. 3,990,958.93
- The proposed construction works for Kimukung'i dispensary in Tuuti/ Marakaru Kshs. 3,990,958.93
- The proposed construction works for public toilet and 100 persons septic tank at Kapsokwony town in Elgon ward Kshs. 4,000,000.
- Equipping of maternity wing at Tuliende and machakha dispensary in Lwandanyi ward Kshs. 490,000

- Purchase of maternity equipment for Mukuyuni Dispensary in Milima ward Kshs. 3,100,000
- Purchase of Medical equipment/furniture at Chepyuk, Kamaigul and Chepkurkur Chepyuk ward Kshs. 1,700,000.

Retentions paid

Retention to 9 projects totaling to Kshs. 1.47 million was paid as per certificates raised.

Grants

The report from the county treasury shows Kshs. 17,326,663 (DANIDA) grant was received. The DANIDA grant was appropriated as Kshs. 13,698,750 while County Government contribution was Kshs. 15,120,000 totaling to 28.8million. A work plan and expenditures were provided for the 144 dispensaries and health centers.

Analysis of Financial Reports of Health Facilities

Highlight of level 4 and 5 expenditures

Bungoma County Referral Hospital (BCRH)

Out of the approved budget of Kshs 407,475,462, the hospital has spent Kshs 123,364,740, representing 30.3% of the total budget halfway through the fiscal year.

Daily Subsistence Allowance has been utilized at 98.0% with Kshs 5,389,420 spent out of the allocated Kshs 5,500,000. Maintenance of Office Furniture shows over-expenditure at 553.1% with Kshs 1,106,160 spent against a budget of just Kshs 200,000. Maintenance of Buildings is at 84.3% with Kshs 3,971,250 spent from Kshs 4,713,265 allocated. Accommodation for Domestic Travel has consumed 82.9% of its budget with Kshs 3,728,830 spent out of Kshs 4,500,000. Internet Connections stands at 44.5% utilization with Kshs 124,675.85 spent from a budget of Kshs 280,000.

Laboratory Materials & Supplies shows under-utilization at just 13.1% with Kshs 6,027,548 spent out of a substantial Kshs 46,000,000 allocation. Medical Drugs expenditure stands at 20.5% with Kshs 11,909,742 spent from Kshs 58,197,154 budgeted. Purchase of Bedding and Linen is at 21.8% with Kshs 1,091,609 spent from Kshs 5,000,000. Other Fuels show 15.5% utilization with Kshs 776,860 spent out of Kshs 5,000,000. Water and Sewerage expenses remain low at 12.0% with just Kshs 359,186.15 spent from a budget of Kshs 3,000,000.

Webuye Sub- County Hospital

With an approved annual budget of Kshs 356,313,803, the facility has spent Kshs 79,786,542.80 in the first half of the fiscal year, representing 22.4% of the total allocation. This suggests

significant under-execution of the annual budget midway through the financial year, which could impact service delivery and operational effectiveness.

Daily Subsistence Allowance spending at Kshs 2,985,205, utilizing 74.6%; Accommodation for Domestic Travel reflects high utilization with Kshs 2,865,900 spent, representing 143.3% of its allocation. Medical Expenses for patient files and cards over-expenditure at Kshs 1,121,750 against a budget of Kshs 120,000, representing 934.8% utilization.

General Office Supplies has consumed Kshs 896,731, nearly 89.7% of its annual allocation. Boards, Committees, and Conferences have utilized Kshs 1,518,290, or 75.9% of its annual allocation.

Medical Drugs shows under-utilization with Kshs 8,749,585 spent, representing just 9.4% of the Kshs 92,600,000 allocation. Uniforms for Staff and Patients both show zero expenditure halfway through the fiscal year. Legal Dues and Arbitration has seen no spending despite a Kshs 5,000,000 allocation. Chemicals and Industrial Gases show minimal expenditure at Kshs 350,311, only 11.7% of its budget. Water and Sewerage charges show utilization at just 3.1% with only Kshs 132,221 spent out of Kshs 4,200,000 allocated.

Laboratory Materials shows moderate expenditure at Kshs 5,991,352, approximately 20% of its budget. Food and Rations has utilized Kshs 10,401,491, representing 16.3% of its allocation. Electricity consumption at Kshs 4, 588, 566 which is approximately 38.9% of the annual budget allocation. Dressings and Non-Pharmaceutical items show expenditure of Kshs 18,667,582, representing 29.2% of the budget.

Bumula Sub-County Hospital

The total annual budget is Kshs. 21,225,957.78, with actual expenditures of Kshs. 10,245,945.00 recorded for the first six months, representing approximately 48.3% of the annual budget.

- Daily Subsistence Allowance allocated Kshs. 420,000.00 over spent Kshs. 1,814,760.00 (432% of allocation)
- Medical Drugs allocated Kshs. 4,950,000.00 and spent Kshs. 870,441.00 (17.6%)
- Office Supplies allocated Kshs.102,222 over spent Kshs. 520,985.00 (509% of allocation)
- IT Maintenance allocated: Kshs.43,611.00 overspent Kshs.224,000.00 (514% of allocation)
- Other over-utilized items include: Hospitality - Catering Services: 306%, Internet Connections: 160%, Boards and Committees: 202%

Under-Utilized votes include: Purchase of Uniforms: 24.3%, Purchase of Bedding and Linen: 4.6%, Medical Drugs: 17.6%, dressing and non-pharms 23% and lab re-agent 23%. Zero Expenditure recorded on the following: Accommodation for Domestic Travel, Office Furniture and Fittings, Computers and IT Equipment, Air Conditioners

Sirisia Sub-County Hospital

With a total annual budget of Kshs. 79,944,626.00, the facility has spent Kshs.12, 137,228.00 in the first six months, representing only 15.2% of its annual allocation. This significant under-execution raises concerns about the hospital's operational capacity and budget planning processes. A highlight of the expenditures is as below:

Over-Expenditures

- Daily Subsistence Allowance: 182.1% spent (Kshs 728,550 of Kshs 400,000)
- Travel Costs: 225.2% spent (Kshs 388,000 of Kshs 172,313)
- Maintenance of Plant & Machinery: 386.4% spent (Kshs 390,268 of Kshs 101,000)
- Purchase of Bedding and Linen: 102.5% spent (Kshs 615,000 of Kshs 600,000)
- Supplies for Computers & Printers: Not budgeted but spent Kshs 168,600

Significant Under-Expenditures

- Medical Drugs: 7.0% spent (Kshs 984,104 of Kshs 14,000,000)
- Dressing and non-pharms 40% i.e. Kshs. 2.5million out of the 6.4million
- Maintenance of Medical Equipment: 0% spent (Kshs 0 of Kshs 1,100,000)
- Medical and Dental Equipment: 19.2% spent (Kshs 232,500 of Kshs 1,210,000)
- Water and Sewerage: Kshs 0 of Kshs 100,000)
- Purchase of Uniforms: Kshs 0 of Kshs 150,000)

SINOKO Sub- County hospital

The sub-county hospital had a budget/target of Kshs. 7,458,307. The total revenue in the half year was Kshs. 1,782,075. The total expenditure during this period amounts to Kshs 1,673,646.25. The report shows numerous small transactions across various expenditure categories with pending payments worth Kshs. 623,365.

The above trend replicates to other rest of the health facilities.

COMMITTEE OBSERVATIONS AND RECOMMENDATIONS

COMMITTEE OBSERVATIONS

1. There is a significant revenue shortfall with only two facilities meeting the half year targets. The Med-Sups for most facilities cited unremitted SHIF reimbursement as the main reason for the low revenue collections
2. Extensive budget overruns and budget underutilization across multiple expense categories indicating poor forecasting. This has been caused by: Insufficient historical data analysis, Weak internal approval mechanisms for expenditures, insufficient monitoring of departmental spending, Poor communication between financial planning and operational teams at the facilities and operating off IFMIS.
3. The facilities are still operating off IFMIS.
4. Over-expenditures in administrative and support services and substantial under-spending in medical supplies and equipment Compromises core healthcare service delivery.
5. The lack of a uniform reporting template across departmental facilities impedes meaningful comparative analysis between current and historical data, as well as among the various facilities.
6. While the 1st Supplementary budget was intended to address pending bills, the County faces significant risk of paying unverified bills due to lack of transparency and disclosure.
7. The department/Treasury has not taken into consideration previous recommendations especially in regards to reports from level 4 and 5 facilities. The principle on openness and accountability must be upheld as outlined in the Constitution article 201(a). The consolidated financial statements omitted expenditures for the level 4 and 5.
8. The department should strengthen Procurement efficiency in the sub-county hospitals by consolidating orders and establishing framework contracts with strategic suppliers, thereby reducing transaction costs. This approach is warranted by the extensive pending bills registry featuring multiple small-value suppliers providing identical commodities.
9. The department's reporting has no connection to the approved budget. The expenditures should be tied to a vote. A part from salaries it is hard to get a source of funding for expenditures mentioned. Constitution Article 201(e) states financial management shall be responsible and fiscal reporting shall be clear.

COMMITTEE RECOMMENDATIONS

- 1) **THAT**, the Chief Officer-Health should develop contingency plans to mitigate the impact of unforeseen events like strikes or delayed reimbursements NHIF/SHIF on revenue collection.
- 2) **THAT**, the department of health and sanitation should explore alternative revenue streams and strategies outlined in FIF Act, 2024 to diversify income sources and reduce overreliance on exchequer.
- 3) **THAT**, the Chief Officer should regularly monitor and report departmental spending against the budget to identify and address variances promptly. Departmental expenditure reports should be disclosed to the committee during interrogation of quarterly financial statements and reports.
- 4) **THAT**, the Chief Officer should enforce strict reporting requirements for pending bills and develop a plan to settle existing pending bills. The chief officer should standardize reporting format for pending bills to include supply dates, partial payments, and aging analysis. The developed form on pending bills should be shared with the committee within 90 days from the adoption of this report.
- 5) **THAT**, the Chief Officer should prioritize the integration of facilities into IFMIS and Provide necessary training and support to facility staff to ensure smooth transition and effective utilization of IFMIS. An integration report should be submitted to the Assembly for approval before the commencement of the next financial year, 2025/2026.
- 6) **THAT**, the Chief Officer should review and strengthen the procurement and budgetary control mechanisms to ensure that no projects are procured without available funds. Implement strict checks and balances, including multi-level approvals and regular reconciliation of procurement plans with available budgets.

Hon. Speaker, the adoption list is there and the attachments are here, just responses which I don't think I should read.

Mr. Speaker: Once you are done with the adoption schedule, the rest annexures are never read because they have been consumed at the committee level. Invite the seconder of the motion.

Hon. Milliah Masungo: Thank you, Hon. Speaker. I therefore call upon senior member and a member of Health committee, Hon. Psero to second the report.

Mr. Speaker: Hon. Psero, you do have the honor of seconding the report

(Applause)

In the near future apart from the movers of the motion, I will insist that everybody has to speak from his logged in gadget. From next session after break, members will have to contribute to debates from where they sit except the movers of the motion.

Hon. Jacob Psero: Thank you, very for this opportunity to second this motion. First of all, my apologies. I forgot my card at home; I have always been having it.

Mr. Speaker: I didn't even mention you, I'm just trying to put across that if you have lost your card, kindly see the relevant department for replacement. Proceed.

Hon. Jacob Psero: Thank you, Honorable Speaker. First of all, I want to thank Hon. Milliah Masungo the honorable member from moving the motion very well and I'm very sure that it has been understood by members of this House. I also want to thank my chair Hon. Makari and the members of the committee for coming up with this beautiful report on Health sector.

The report has indicated that there is low revenue collection meaning that the various Health facilities have not been able to achieve the targets and its only Kimilili and Cheptais that have been cited to having achieved their targets. That means the department is losing a lot of money because the personnel have not performed their duties as expected.

We are recommending that the Chief Officer and the CECM for that department to put up measures to ensure that enough money is collected in the department to enable deliver on various activities.

The department has pending bills to a tune of 367 Million; this means that most of the projects identified by the Honorable members in various wards are incomplete or stalled projects due to non- payment of contractors. The department should come up with measures of paying these pending bills because most of them have a long time and this idea of pending bills is becoming monotony in the House.

So it is our responsibility as an oversight institution to ensure that these pending bills are paid particularly in this department. For instance drugs and non-pharmaceuticals are very important; and having pending bills on the same items shows suppliers cannot continue to serve the County because of pending bills.

It is also noted that the vote on Ward Based Projects is the one that is being used to pay this pending bills, which creates a big problem in our wards meaning that the projects that have been identified cannot be completed by the contractors simply because there will be no funding. This

habit should stop so that whatever project that has been identified, by the time the contractor finishes the project, payment is due and there will be a lot of peace.

The issue of imprest is also another concern of this House. This department has an imprest of 3.1 million, and the Chief Officer indicated that most of the imprest had been paid and yet there is no evidence. I think we should scrutinize on this area so that the officers concerned provide evidence on the issue of imprests. If there is any payment that has been made, we need these officers to submit a list and this one has not been happening and that is why we are not sure whether this imprest is being paid or not.

Issues of equipment, we want to appreciate the department for providing the various dispensaries, level three and four hospitals with a lot of equipment like the maternity and the lab equipment. That is a good gesture but I'm worried that some of this equipment has not reached the various dispensaries and hospitals. For instance in my ward, I have Kimama dispensary which has not had these equipment. The deliveries have not been done up to today. I'm worried that this equipment can get lost somewhere in the course of the way.

Otherwise, the completion rate of the project is also a problem like the report indicates that we have had nine projects completed out of the many that we started in our various wards. That means that the department is likely to lose a lot of money and the residents of the various Wards will not benefit from these projects and yet a lot of money has been spent on these particular projects.

Retention money has also been mentioned in this report, indicating that we are not serving the contractors very well. This retention fund is a fund that is required to be paid to the contractors immediately after finishing the project but at times, we have seen this money being diverted to other areas, forcing the contractors to visit the County Treasury time and again seeking for their payments.

Otherwise, the report is very clear and elaborate as moved by Hon. Milliah. I want to take this opportunity to request members to pass this report the way it is. I submit.

Mr. Speaker: Thank you, Honorable Psero for seconding the report that was ably moved by Hon. Milliah Masungo. Honorable Members allow me propose a motion for this House to debate the same.

(Question proposed)

Majority Leader, you proceed. Just be able to give the microphone.

Hon. Joseph Nyongesa: Thank you, Mr. Speaker. First, allow me appreciate the mover though she had a lot of tension but things moved on well towards the end. I also appreciate the seconder Hon. Psero and the few committee members who appended their signatures because others weren't around. We hope in future our able chairs will ensure that adoption is done at the retreats

to avoid some rush hours. I saw my Whip really rushing and I have checked on this document, he didn't sign. That is just on a light note.

I want to outline some few issues; on the revenue collection, I said before that setting any target, I think they normally base on the previous history i.e. that in the last financial year, this was our target and this is what we achieved before coming up with some figures, because now seeing at the BCRH Kshs. 375,328,308 but only collected Kshs. 145,512,133 that's equivalent to 30 per cent. I wish that through our committees, we ensure that we push this issue of revenue collection in our departments. How I wish we could go to an extent maybe to check even the records from our patients, to help us to tabulate the real figures they normally collect. Because I'm aware that most of the hospitals are collecting through cash, M-Pesa and others are paying through the Till number, the automated system. So I don't know these percentages are for those of M-Pesa or cash or automated. I don't know. The mover should tell us.

On the issue of May and June salary, we are being told that even the payroll was not maybe given to the committee, which means we need to dig deeper so that at least we know how this money was paid, because now from the report, there is nowhere that it is being captured. As an oversight House, we should ensure a proper follow-up so that at least this issue is properly dispensed.

The issue of Ward Based Projects, personally I have seen two are appearing but there's maternity wing in Butieli dispensary. I don't know why it was not captured, and this is budgeted for. I have only seen Kimukungi and Namikelo, but Butieli is not there.

The issue of expenditures especially in Sirisia Sub-County hospital; you can see the priorities of our hospitals, because if taking subsistence allowance, we are spending 182 per cent, compared to what we budgeted for like medical drugs, dressing and other non-pharms, we are not giving the priority as per our budget.

I urge the committee at least to see the use and management and maybe give us what was wrong, because it means that we over budgeted that item.

Otherwise, let us support the report, but again, let our Members adopt, the reports they are working on them.

Mr. Speaker: Thank you, Hon. Johnston Ipara.

Hon. Johnston Ipara: Thank you, Hon. Speaker. Let me start by lauding Honorable Milliah Masungo, the mover of the motion and Hon. Psero for seconding.

I want to go directly to page 11; I'm wondering what was planned for the financial year 2023/24 is classified as the pending bills payments were.

And yet the members from those Wards had allocated the money for that particular financial year. Maybe let us be advised on that one, because I want to believe that is a misplaced word.

I also want to rush to page 18, Honorable Speaker, you excuse me, and you know the class that I belong to; it is an analogue.

Mr. Speaker: Take assistance from the two Honorable Members that are very sharp.

Hon. Johnston Okasida: Hon. Timothy Chikati is the worst one; he cannot assist me.

Mr. Speaker: Don't say that, I saw him somewhere. Make no mistake. Proceed!

Hon. Johnston Ipara: Thank you, Honorable Speaker. I also want to talk on the Sirisia Sub-County Hospital. We have always been talking about abuse and lack of respect to procurement procedures, and why we incur and become victims of the audit queries.

I want to commend the Committee for this, where is any person allowed to spend more than they are allocated? Does it mean that they have excess money that they normally don't remit?

Honorable Speaker, thank you for that directive; I have been assisted with a hard copy.

We understand age also is a factor. It's a consequence, so in the future, Honorable Speaker, make sure that at least we get these hard copies to assist some of us.

Mr. Speaker: You are saying so when Hon. Aggrey Mulongo is hearing!

Hon. Johnston Ipara: Honorable Speaker, Daily subsistence, 182.1 percent, it means they have used money that was supposed to support other services and works within the department or elsewhere. If you spend 182 per cent, it means that you had double the amount that you are using. How do we correct this? We must correct this by coming up with a measure; calling the officer who allowed the expenditure to give an account as to why they spend more than it was approved by this House. Again, you see you are spending to 225.2 per cent; it is total abuse of office and in the existing statutory and regulations. This is what yesterday brought us to where we were, where people come with excuses that they don't have money for certain essential services and yet they misuse what we have allocated them, and if you also looked again in the second category, significant and expenditure.

We have given these people money; they spend 27 out of 100 per cent. It shows that either we have incompetent officers or people who don't have interest of our County in their hearts. And when we said a few days ago that our government intentionally or not knowing did appoint or assign people who did not have any reason to be where they were, imagine an essential item like water and sewage you spend zero per cent and the sewage is always there, who is cheating who? And why should we accept it to be misled? I think this is the time that we must stamp our authority and be counted. As I'm saying this, some Members of the committee who are running across, when you noted the omission, they're not here, they only appear and disappear and that's why maybe the reason why you find that most of the signatures did not appear on the adoption schedule. This issue of none signing adoption list is exposing the committee to serious audit queries and to investigative agencies like EACC, because if EACC comes across this document,

some people will say that it was a witch hunt. Honorable Speaker, in the future reports that are moved, the first condition should be adoption list duly signed by all committee members.

Hon. George Makari, he's termed as a hawk-eyed Member of this House, this is serious Honorable Speaker. I totally agree with you Honorable Speaker that the eyes of Hon. George Makari don't see only this is where the signature is supposed to be Honorable Speaker.

On observation three; Facilities are still operating off IFMIS, at this age and time, we are not using this particular system or any other system and we have invested a lot of money into it, where are we being taken to? I want to conclude this, maybe this was done intentionally to divert and openly steal money that was intended to be gotten in own source revenue.

On observation six, while the first supplementary budget was intended to address the pending bills, the County faces a significant risk of paying unverified bills; this is a confirmation of our argument. And this is why County Assembly, through the able leadership of yourself and the Clerk, decided that to save the people of Bungoma County, the wastage and the misuse of the scarcity resources, we must conduct a thorough verification of what was alleged as pending bills. And we shall pray for you and the Clerk because you are going to make this County save a lot of money that could have gone to waste.

I want to thank the Committee and the Members for coming up with those very serious issues. I support.

Mr. Speaker: Hon. Jack Wambulwa is also online, it is declined. So I think the mover to respond.

Hon. Milliah Masungo: Thank you, Honorable Speaker. Allow me to thank the Honorable Members who have taken their time to listen to the report and also highlighted a few areas of concern.

On the issue of revenue; as a committee will invite the department on how we are going to make our proposals on the mode of collection of revenue amongst these facilities. We did fact finding on the new system and the report is soon coming and I don't want to preempt, but we realized a few oversights in this system.

It is true that some of these facilities are just collecting money direct from patients through M-pesa and others are paying through the system, so there are those variances that we have raised as a committee.

On the issue of May and June's salaries; this now is the story of the day because it's now being exposed or coming out clearly that there was a mess on the two months as per the salaries for our employees.

On Ward Based projects, I would appeal to the members who are affected that it's prudent that you check with the department so that you will be sure your un-captured projects.

There is an elephant in the House, the pending bills in this County. We should all be up in our arms so that it is clearly explained and the right ones be paid for.

Lastly, we also realized that most of these facilities are not interested in making sure that they utilize the budget on very significant programs that touches common *Mwananchi*. For example if a budget given out for drugs and it can only be utilized at rate of 7% leaving a whole almost the whole budget unspent, it's questionable. And you can see that the expenditures targeted are just about travel costs daily subsistence. These are common things they do that they are unexplained for clearly. So as a committee, we are taking note and ready also to act.

Thank you very much and I want to call upon this Honourable House to pass the report the way it is.

(Applause)

Hon Speaker: Thank you, Hon. Milliah. Honourable Members, allow me proceed and put a question;

(Question put and agreed to)

The ayes have it.

(Applause)

ADJOURNMENT

Mr. Speaker: Honourable Members that was the only Motion in the Order Paper this morning. We now adjourn and resume today at 2:30 p.m. in the afternoon session.

The House rose at 11:22 a.m.