

COUNTY GOVERNMENT OF BUNGOMA

COUNTY ASSEMBLY OF BUNGOMA

COUNTY ASSEMBLY DEBATES

THE DAILY HANSARD

WEDNESDAY, 10TH SEPTEMBER, 2025

Afternoon Sitting

3rd County Assembly

4th Session

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COUNTY ASSEMBLY OF BUNGOMA

THE DAILY HANSARD

WEDSDAY, 10TH SEPTEMBER, 2025

The House met at the County Assembly Chamber at 2:30 p.m.

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

PRAYER

COMMUNICATION FROM THE CHAIR

Mr. Speaker: Honourable Members, yesterday we were able to conclude giving tribute to our late Honorable M.C.A. for Chwele/Kabuchai. In the meantime, before the election is held, Hon. Polycarp Wandabusi of West Nalondo will be the one overseeing the operations of that Ward. Thank you, we proceed.

QUESTIONS AND STATEMENTS

1. PURSUANT TO STANDING ORDER 47 2 (C), THE CHAIRPERSON'S SECTORAL COMMITTEE ON EDUCATION AND VOCATIONAL TRAINING WILL RESPOND TO THE FOLLOWING STATEMENT BY A MEMBER FROM MBAKALO WARD

Mr. Speaker: Honourable Members, I'll take up the number two statement. I think the members of Education Committee are here. The members of the committee, are they here? We will proceed on statements sought by Hon. Bernard Kikechi. We will proceed. This is a statement, it's not a motion. Hon. Bernard Kikechi is present.

Hon. Everton Nganga: Thank you, Hon. Speaker. This is a response to the statement that was raised by Hon. Bernard Kikechi on the procurement and distribution of teaching and learning materials for ECDE and equipment for Vocational Training Centers. Hon. Speaker, I hereby submit a report pursuant to the provision of Standing Order 54 of the County Assembly of Bungoma, on the statement sought by Hon. Bernard Kikechi in relation to budgetary implementation on the programme of teaching and learning materials for early childhood development education and equipping of vocational training centers in the department.

The Committee on Education and Vocational Training considered the statement and directed the County Executive Committee Member to provide a response on issues raised in...

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Mr. Speaker: Honourable Member, do you have the response?

Hon. Everton Nganga: Yes, Hon. Speaker

Mr. Speaker: Now, when you talk about annexure number one, where are the annexures? When you talk about annexure number two, the list of the schools that benefited, this response is affecting all the 45 wards. When you talk about distribution to various VTCs and you are talking about annexure number three in the response, are they attached on?

Hon. Everton Nganga: Hon. Speaker, they are not attached.

Mr. Speaker: So how can they verify what was taken to the wards? They ought to have been scanned and sent to honourable Members.

Hon. Everton Nganga: It's here maybe for me.

Mr. Speaker: What happens to Hon. Vitalis? They ought to know, because none of these Members went before the Committee on Education to confirm these things.

Hon. Everton Nganga: Hon. Speaker, this is a response that emanated from the Executive. We are not the authors of this report.

Mr. Speaker: What are you reading? Signed by who? You need to get serious with the Members here. Signed by who?

Hon. Everton Nganga: Signed by Hon. Chairperson for Education that is Hon. Benjamin Otsiula, MCA.

Mr. Speaker: You owned it as a committee to bring feedback here. If they are saying the list of schools, VTCs which benefited, you must attach. These Members are not all of them in the Committee on Education. Because I am sure the Honourable MCA for Misikhu would want to know which VTCs were able to benefit. Same with Kibingei, Siboti and Mt. Elgon. So it is incomplete.

Hon. Everton Nganga: Thank you, Hon. Speaker, you have guided us well. If you can give us time, they scan and send all the information to the gadgets for Honourable Members to follow as a read through the response. Thank you, Hon. Speaker.

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Mr. Speaker: Honourable Majority, I see you.

Hon. Joseph Nyongesa: Thank you Speaker. Indeed, we had this statement in the morning, and in fact what the Chair was alluding to was only addressed at the last part or the response. Speaker, allow him to read the last part, so that at least he can give us a way forward. Thank you Speaker.

Mr. Speaker: Wind up so that we are able to move. Now, show us where the next number is, please. I saw Hon. Isaiah Sudi wanted to say something. Hon. Everton Nganga, proceed and I will ask you questions so that you seek clarification.

Hon. Everton Nganga: Hon. Speaker, I would like to read the last part.

Mr. Speaker: No, you can't read the last part alone. Read the entire response so that it is captured on HANSARD.

Hon. Everton Nganga: Thank you, Hon. Speaker. Let me start afresh, Hon. Speaker, I hereby submit a report pursuant to the provision of Standing Order 54 of the County Assembly of Bungoma, Standing Orders on the Statements Sought by Hon. Bernard Kikechi in Relation to Budgetary Implementation on the Program of Teaching and Learning Material for Early Childhood Development Education and the Equipping of Vocational Training Centers in the Department. The Committee on Education and Vocational Training considered the statement and directed the County Executive Committee to provide a response on issues raised in the statement via a letter CAB/CC/SECT/VOL /IV/4/14. The Committee comprehensively analyzed the response and invited the owner of the statement to write a Committee Notice of 28 July 2025 for consideration of the issues raised.

The Committee, together with the members of the Department and the owner of the statement, deliberated on the issues that had been raised and the owner agreed to the response but requested for the provision of the necessary documentation during the whole procurement process until different schools and VTC centers received learning materials and equipment. Hon. Speaker, the necessary documentation for the whole procurement process was submitted via a letter Ref. CG/PGM/EDUC/CA/VOL/ 3/ 97 which contained documents of the gadgets, learning materials and equipment that were supplied. They include: here we have an annexure one which you have been requesting, Honourable Speaker.

Procurement processes 1. Requisition 2. Appointment 3. Opening reports 4. Evaluation equipment 5. Professional opinion 6. Tender award 7. Acceptance of tender 8. LPOs 9. Invoices 10. Delivery notes 11. Inspection appointment letter 12. Inspection report 13. S13 form.

Annexure two distribution and receipts from schools this contained a distribution and receipts from different schools that received learning and teaching materials for use.

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Annexure three distribution to various VTCs this contained tools and equipment received in different vocational training centers and VTCs in the county. Hon. Speaker, it was observed that the department had difficulties in explaining how the procurement process was undertaken.

Therefore, despite the department having submitted the required documentation it is prudent that the CECM and the Chief Officer Education appears in the House to clarify with specificity in respect to the materials supplied to each ward. The committee commits to undertake a fact-finding report by sampling early childhood development education centers that is ECDEs and vocational training centers in respect to the matter. Thank you.

Signed by Hon. Benjamin Otsiula, MCA Khasoko Ward, Chairperson, Committee on Education and Vocational Training. Honorable Speaker that is the response. Thank you.

Mr. Speaker: Honourable Members, this response if you look at the last part as indicated by the Leader of Majority that the committee is requesting that the CECM and the Chief Officer formally appear before the Committee of the Whole House. Number two, they all say that the committee wants to undertake fact-finding mission randomly to confirm the delivery of this material in various ECDs and various VTCs. They are requesting as a committee.

We are having two things. The committee to go to various areas to verify and come back for them to appear. I think what ought to happen, the committee must go and verify, get the information.

When they come, we are able to ask from that point of knowledge in various VTCs. Before I fix this thing for them to appear, I would like to ask you if you have some remarks to make so that first, the committee agree to go to the sites. Because it is like you are saying, the committee is to undertake a fact-finding report by sampling Early Childhood Development Education centers and Vocational Training Centers with respect to the matter. I think it's back to the committee to arrange that. On my side, once you come back and report to me, I will issue summons for them to appear before the whole House to respond. Yes Hon. Millia Masungu?

Hon. Millia Masungu: Thank you Hon. Speaker, I also want to support that proposal for the committee to go round and do the fact-finding. Before that I would wish that the Committee requests for specific documents from the office per Ward, the number of equipment if its blow-dry they supplied to each Ward so that it can also guide them in their fact finding. They can do the comparison Honourable Speaker. I support the idea of the committee going to do the fact finding in our Wards. Thank you.

Mr. Speaker: Hon. George Makari?

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Hon. George Makari: Thank you Hon. Speaker. I want to loud the committee, and then at the same time they observe this Hon. Speaker, that the department had difficulties in explaining how the procurement process was undertaken. Therefore, despite the department having submitted the required documentation, it is prudent that the CECM and the Chief Officer, Education appears in the House to clarify with specificity in respect to the materials applied to each ward.

Hon. Speaker, the committee is agreeing that the department submitted all the materials that were required. At what point did they discover that these materials were not enough? Hon. Speaker, I don't know if the chair will reply to that, but I am in agreement, with what they have said. If all the materials were supplied, despite Hon. Speaker them saying that Annex 1, Annex 2, Annex 3, which we don't have but maybe they had the privilege of looking at their annexures. After having carefully examined the materials, they came up with a resolution that it was not enough. Hon. Speaker, I don't know at what point they saw that the material were not required, or not the required standard.

However, I want to submit that, what if the CECM and the Chief Officer Education appear, and then we put questions to them, and then the committee can do its own work on another day. Thank you, Hon. Speaker.

Mr. Speaker: Hon. Joseph Nyongesa, Leader of the Majority. Hope Hon. Everton Nganga you are noting, you must give feedback here.

Hon. Joseph Nyongesa: Thank you Speaker. My only concern is about the time frame. As a House, we should know when, so that at least Speaker, we are also set for that, now that they are aware of what happened. I think you can give them like seven days to have that report because there's an issue of sampling in our Wards. Also to urge Hon. Members, every Hon. Member has got an office in his or her Ward. Let's also look for this information from these schools, VTC and ECDE, so that at least we shall be comparing with what the committee will come up with. Thank you Speaker.

Mr. Speaker: Yes, Hon. Members, we must be able to agree on, let me hear you before I give directions. Hon. Everton Nganga, you know, the big part of this thing is that basically the moment you are the one doing the response, even if the Chair walks in he can't give feedback, it's you to give the feedback. Proceed.

Hon. Everton Nganga: Thank you, Hon. Speaker. First I would like to begin with the observation that has been made by Hon. George Makari, MCA for Musikoma Ward. When you look at our last part, Hon. Speaker, the department had a difficulty in explaining on some issues. In fact, it is written down here, from the response that we have given. Because of the difficulties in explaining how the procurement process was undertaken, it prompted to visit the VTCs in all the 45 wards and confirm. Again, owner of the statements, when we were with

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him, he was not fully satisfied, and that's why we have requested do a fact-finding. The Executive normally gives us verbal responses but we need as a committee to go to the ground and confirm. On the issue of the timeframe, it is your prerogative as Speaker to give us the timeframe. Thank you, Hon. Speaker.

Mr. Speaker: Now Hon. Benard Kikechi?

Hon. Benard Kikechi: Thank you Hon. Speaker. Indeed I'm the owner of this statement. I can confirm to this House, that I was invited by the committee, I attended two meetings.

Honorable Speaker, from the response from the executive, when we were at the committee level, some issues, were not coming out clearly. Even some of the documents that were being supplied, in my opinion, they were not satisfactory. Some even were not authentic.

It was my considered opinion Hon. Speaker, that especially issues on the evaluation report, issues, invoices and the delivery notes had a lot of discrepancies. It was my request to the chair of the committee and the entire committee that at least we go to the ground do a further fact-finding.

Because you can find that we are only around 16 or so honourable Members, and the rest of the Honourable Members whose wards had similar problems were not part of the meeting. It was my suggestion, and it was accepted by the committee, that at least we do a physical fact-finding in all those Wards that the actual distribution was done so that we can comprehensively or rather ascertain that this is what happens in terms of requisition, appointment, opening, evaluation and all those procedures. I consent that we proceed and do a physical fact-finding. Thank you, Hon. Speaker.

Mr. Speaker: Thank you, Hon. Benard Kikechi. Honourable Members, we need to have now time frame because time is of essence in this matter.

The CECM of the department will have to appear in this whole House within two weeks. Today being a Wednesday, we are giving them two weeks. They will appear here.

In the meantime, the committee, you have 15 members. Three people to run around the entire County. Three people from Tongaren. Just share them among your members so that you have the feedback. You have the feedback in more than seven days. Then you are able to have the report.

Within two weeks, CECM will appear here with the Chief Officer. So I'm told 24th of September, that's the date for the CECM. But you as a committee, you have the duty of going around on Friday or even Saturday. It's up to you. Thank you. Wednesday afternoon, 24th of September, 2:00 p.m. session.

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Equally, the Chairperson of the committee, whenever you are given this feedback, you will be given copies. Sometimes rats destroys original documents and it becomes a problem. The ones who are having the original documents. So that there is no excuse, basically, they are lost in the Assembly. Next?

2. STANDING ORDER 47 2(C). THE CHAIRPERSON OF THE SECTORAL COMMITTEE ON LABOUR RELATIONS, MEMBER SERVICES AND FACILITIES WILL RESPOND TO A STATEMENT BY A NOMINATED MEMBER

Mr. Speaker: The owner of the statement is Hon. Kennedy Wanyama. Who is holding brief for him? Hon. Wafula Waiti.

Hon. Wafula Waiti: Thank you, Hon. Speaker, I am standing in for Hon. Kennedy Wanyama.

Mr. Speaker: That is in order, Hon. Hentry, are you ready?

Hon Aggrey Mulongo: Mr. Speaker, Sir, I think the Clerk has just said a nominated Member. Who is this nominated Member? We have several, I didn't hear that.

Mr. Speaker: He didn't read the name.

Hon. Aggrey Mulongo: He didn't read the name.

Pursuant to standing order 47 2(c) the chairperson of the Sectoral Committee on Labor Relations, Member Services and Facilities will respond to a statement by a nominated member, Hon. John Kennedy Wanyama.

Hon. Aggrey Mulongo: That is it now, that's correct.

Mr. Speaker: Yes Hon. Hentry Nyongesa?

Hon. Hentry Nyongesa: Thank you Hon. Speaker, I rise to respond to the statement raised by Hon. Kennedy Wanyama on the state of casual workers in the current government of Bungoma after the Court case.

The committee, on Labor Relations, Member Services and Facilities considered the statement and directed the County Secretary and Head of Public service to provide a response on the issue raised in the statement via letter reference number **COB/CC/SEZE/12 /VOL 1(91)** dated 22nd July 2025. The County Secretary and Head of Public Service responded to the letter reference number **CGP/BGM/CS/CA/VOL 11(74)** dated 29th July 2025. The committee invited the County Secretary and the Public Service Board on Thursday 11th of May 2025 at

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11:00 a.m. Honourable Speaker, I think it's a typo error, is supposed to be tomorrows' date.

Mr. Speaker: Is not in May?

Hon. Hentry Nyongesa: No is not in May Hon Speaker, the invitation is tomorrow Thursday at 11:00 a.m. to give clarification on the issues raised. I hereby request for seven days to enable the committee and the owner of the statement to consider the reply from the County Secretary and the Head of Public Service in relation to the status of casual workers in the County Government of Bungoma after the court case.

Hon. Speaker, this is in relation to what befell us; one the Devolution Conference and secondly the death of the late Hon. James Mukhongo. We shall expedite on the matter tomorrow and the response will be given in seven days Hon. Speaker.

Mr. Speaker: So we can agree that I give the date for this response before the House, the only problem am seeing on this statement being sought, am aware that we have had more than five rulings in this matter and more than two judgments, the one for the High Court and the one of the Court of Appeal. I don't know which one you want to look at? I think you must seek all of them, all the judgments for the High Court and the one for the Court of Appeal and the rulings of the High Courts and the Court of Appeal. There are several of them numbering around eight. Yes Hon. George Makari proceed.

Hon. George Makari: Hon. Speaker, one my good friend Hon. Hentry Nyongesa has just responded on the statement sought around June. The Chairperson who is my good friend has not indicated whether the response by the County Secretary was to the point or was not to the point.

Two, I remember my good friend was signing this statement yesterday when we were in the lift, didn't he read the content of this statement? Because the response he is reading May 2025 while referring to tomorrows date. Why did he sign something that was erroneous? I can confirm this Hon. Speaker, when we were in the lift going to fifth floor to see the Leader of Majority that is the time when he was given this statement to sign. He didn't even check to see the contents of the statement. Hon Speaker, he should come clear if this is the exact copy of what we want or not.

Mr. Speaker: Honourable Members I will give the benefit of doubt where he signed from is not my problem but we want accurate information. I will allow you Hon. Hentry Nyongesa up to next week Wednesday to give us a feedback. I have just said I am aware of this mater and if you consult the Legal Department they will tell you we have had more than five to eight rulings and judgments of the High Court. Yes Hon. Isaiah Sudi

Hon. Sudi Busolo: Hon. Speaker, I am standing on a point of information. I wonder if indeed it was the same

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document that was being signed in the lift. It could be a different document Speaker. May be Hon. George Makari can clarify because it can be a different document. There are many documents that the Chair Hon. Hentry could be signing.

Mr. Speaker: Including Cheques

Hon. Sudi Busolo: Yes. It is difficult to tell whether it is the same document the Hon. Makari is alluding to.

Mr. Speaker: Let's give the Chair the benefit of doubt. Hon. Hentry you have up to next week Wednesday 2:30 p.m. Next item?

MOTION

1. REPORT BY THE SECTORAL COMMITTEE ON HEALTH SERVICES ON THE STATUS OF FUNCTIONALITY AND MANAGEMENT OF HEALTH MANAGEMENT AND INFORMATION SYSTEM IN BUNGOMA COUNTY

Mr. Speaker: Yes Hon. Jerusa Aleu, use the microphone please.

Hon. Jerusa Aleu (Vice Chairperson, Health): Thank you Mr. Speaker Sir. I am on my feet to move a report on the Status of functionality and management of Health Management and Information System in Bungoma County.

Preface

This report covers the status of implementation of HMIS in health facilities in the county as at April, 2025. This is in terms of the installation, functionality and management of the system. Some of the facilities that were visited by the committee include: Bumula Sub-County Hospital, Naitiri Sub-County Hospital, Chwele Sub-County Hospital, Cheptais Sub-County Hospital, Kimilili Sub-County Hospital and Bungoma County Referral Hospital.

Committee membership

The committee on Health Services as currently constituted comprises of the following members:

1. Hon. George Makari - Chairperson

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

Background

The Health Management Information System is one used in the health sector to collect, store, manage, and analyze health data to support decision-making, policy planning, resource collection and allocation.

The key features of a Health Management Information System (HMIS) include:

1. **Data Collection:** Gathers information from health facilities, such as patient visits, disease incidence, vaccinations, and maternal health indicators.
2. **Data Management:** Stores and organizes data in a secure and accessible format.

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3. **Reporting and Monitoring:** Generates regular reports for monitoring health trends, performance indicators, and program outcomes.
4. **Decision Support:** Helps health officials, policymakers, and administrators make informed decisions based on accurate and timely data.
5. **Integration:** Can be integrated with other systems like logistics management, electronic medical records (EMR), and disease surveillance systems.

Acknowledgment

Hon. Speaker, may I take this opportunity to thank the offices of the Speaker and Clerk of the County Assembly for their logistical support that made this exercise possible.

I also appreciate the Honourable Members and secretariat of the Committee for their commitment and dedication in the compilation of this report.

Hon. Speaker, it is therefore my privilege and duty, on behalf of the Sectoral committee on Health Services to present this report on the functionality and management of Health Management Information System (HMIS) in Bungoma County health facilities to the Assembly for deliberation and adoption.

The report is signed by Hon. George Makari, MCA - Musikoma Ward

CHAPTER TWO

Consultative meeting with the department

The committee on its own motion undertook to ascertain the functionality and management of the Health Management Information system. The resolution was informed by the fact that the system had been budgeted for in the previous financial year and that installation had been done in health facilities across the County. The committee also learnt of mal-functionality of the system in several health facilities from the public outcry citing delays in registration and lack of clear policy on collection of funds at health facilities.

It was upon the above that the committee invited the user department on 10th April, 2025 to shade light on the status of implementation and functionality of the HMIS after a year and four months from its installation.

The department submitted as follows:

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The county government of Bungoma through the department of Finance entered into a contact with M/s JUMBOSOFT Technologies limited on 15th January, 2024. The contract agreement was to supply, installation and commissioning of Health Management Information System and Corresponding Hardware. The consultant had the required professional skills and personnel and technical resources, to seamlessly integrate a Health Management Information System (HMIS) tailored to meet the specific needs of the procurement entity.

Report on site visits for verification of the HMIS

The department of Finance and Economic Planning formed a team comprising County Director of Health, Deputy Director Economic Planning and ICT Officer - Health to ascertain the availability and verification of the functionality of the HMIS by Jumbo soft Technologies in 2023.

The team visited several county hospitals across the country including; Busia, Nakuru, Machakos, Kerugoya, Meru and gave its recommendations to the Finance and Economic Planning department for implementation. Implementation of the Hospital Management Information System started in February 2024. This was to be done across 12 health facilities namely;

1. Bungoma County Referral Hospital,
2. Webuye County Hospital,
3. Kimilili Sub County Hospital,
4. Naitiri Sub County Hospital,
5. Bumula Sub County Hospital,
6. Kabula Health Centre,
7. Sirisia Sub County Hospital,
8. Cheptais Sub County Hospital,
9. Mt. Elgon Sub County Hospital,
10. Chwele Sub County Hospital,
11. Bokoli Sub County Hospital,
12. Sinoko Hospital.

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The aim of this implementation is interconnecting all our level 4, 5 and some high- volume level 3 facilities, in a way that patient data can be shared within the interconnected facilities, making available to the executive, financial and MOH reports without having the said health facilities sending the reports themselves.

So far, the health facilities that are not using the system are:

1. Kabula Health Centre,
2. Mt. Elgon Sub County Hospital,
3. Bokoli Sub County Hospital,
4. Sinoko Hospital.

It was also disclosed to the committee that although the user department was Health and Sanitation, procurement of the HMIS system was done in the department of Finance and Economic Planning. The department explained that at that time, money for the system had been appropriated in the department of Finance and Economic Planning.

Consequently, a contract implementation team formed on 8th March, 2024 to offer technical advice and monitor performance of the contract was formed and appointed by the Chief Officer in the department of Finance and Economic Planning. The team was supposed to be reporting back to the Chief Officer, Finance.

General challenges being experienced by the facilities

Mr. Speaker Sir, the department reported that so far facilities are experiencing various challenges which among others include:

Health Records and Information;

In the Health Records and Information, there were reports of notable shortcomings in MOH reporting. The system lacks tools for generating the MOH 711 report, and the service workload date for the MOH 717 report is invalid. Additionally, the inpatient register fails to categorize patients properly; pediatric, maternity, and adult patients are all recorded in a single report instead of being separated by category. Furthermore, the MOH 705A and MOH 705B reports, which are designed to

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summarize outpatient data for patients under and over five years old respectively, display only zero values in the system. Further, the number of beds reflected in the system does not align with the actual number available in some facilities, suggesting inaccurate data entry or configuration. Additionally, the dental department report remains blank even after services are provided, indicating a failure in capturing or generating data for that unit.

A significant system security flaw was also observed, that after a browser is closed while the system is in use, a user can reopen the browser and access the previous session without logging in again, posing a serious risk to patient data confidentiality. Additionally, the system is not integrated with the Kenya EMR system at the Comprehensive Care Clinic (CCC) to facilitate seamless reporting and patient management. .

It was also noted that clinical officers can dispense drugs without first recording a diagnosis, which can compromise both data quality and patient safety. The system also lacks key MOH reporting tools and registers, such as MOH 360 and MOH 740, which are essential for standard compliance. Moreover, all reports generated by the system do not include cumulative totals, making them incomplete for monitoring and analysis purposes. The MOH 240 report does not match the official Ministry of Health format. Critically, the system cannot retrieve patients' medical history, significantly hindering follow-up care and accurate record-keeping. There are cases where different patients sometimes share the same patient number, compounded by ongoing system outages and downtime.

The Outpatient Registration;

The Outpatient Registration process also faces multiple challenges. Patients remain active in the system even after completing payment and being discharged, which can cause confusion and data inconsistencies. There are also instances where the same patient appears more than once in facility workload reports, indicating duplication issues. The system is unable to handle revisits correctly, treating each revisit as a new registration instead of linking it to the existing patient record. Moreover, the registration report generated by the system does not match the actual number of patients registered, pointing to discrepancies in data accuracy. Another critical issue is that the system does not allow searches for inpatient records using inpatient numbers; instead, only outpatient numbers can be used, which limits proper record retrieval.

In the Outpatient Clinical Department, the system lacks a comprehensive list of ICD-11 diagnoses, which limits accurate and standardized medical reporting. Furthermore, there is no provision for editing an entry once it has been made, which poses a problem in cases where a misdiagnosis occurs and needs correction.

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The Pharmacy department;

In the Pharmacy department, the system lacks flexibility and user-friendliness. When a prescribed drug needs to be substituted, the system does not allow a direct replacement; instead, the drug must be deleted, a process that is time-consuming and cumbersome. The system also involves overly tedious steps for basic operations. Additionally, drugs that are not in stock can still be dispensed according to the system, which presents serious inventory control problems. Pharmacy reports generated by the system are unreliable, they do not reflect the correct stock levels when compared to physical inventory. Lastly, the pharmacy workload reports do not properly classify drugs as required, reducing the usefulness and accuracy of the data.

The lab results cannot be viewed directly in the pharmacy to support informed drug dispensing decisions. Furthermore, the system lacks a feature for handling walk-in patients—those who arrive with prescriptions from other hospitals. This functionality is essential for allowing such patients to purchase prescribed medication directly after payment.

The Inpatient (Wards)

Within the Inpatient (Wards), nurses and other healthcare staff have not received adequate training on how to use the system, particularly regarding the discharge process. This knowledge gap contributes to inefficiencies and potential errors in patient management.

The Accounts Department,

In the Accounts Department, the system fails to generate a summary report for combined system users, which hampers oversight and coordination. Patient receipts are also lacking critical information, such as the date, time, and name of the staff who provided the service—details essential for accountability and proper record-keeping.

In the Revenue/Billing section, the discharge process for patients is overly long and exhausting, pointing to a need for system streamlining and improved user workflows.

The Laboratory Department

In the Laboratory Department, the system does not generate reports on the diseases tested, and it also lacks the ability to produce reports based on patients' modes of payment for lab services rendered. These omissions hinder both clinical tracking and financial reporting.

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The integration of Full Haemogram results into the system is required to ensure complete and accessible patient data. Additionally, MOH laboratory reports are currently not being generated, creating gaps in health reporting and monitoring. The system fails to store patient history, which limits continuity of care and clinical follow-up. Additionally, the laboratory reports generated by the system are reported to be inaccurate, raising concerns about the reliability of diagnostic data.

The system has led to a backlog of work, and there's a need to establish a clear walk-in procedure for patients who seek lab services after receiving consultations elsewhere. Revisit and insurance-related lab requests do not appear properly, requiring patients to move around unnecessarily. The system lacks proper controls for waivers, risking misuse and reduced revenue.

In Radiology

In Radiology, system instability is also a concern, with issues such as inpatient requests from medical officers not reflecting properly; a walk-in module is similarly needed.

In Mother and Child Health (MCH)

In Mother and Child Health (MCH), patient file opening is delayed, some posted results disappear, and lab and X-ray requests frequently hang in the system. There's also a noted need for a TB screening feature.

In Cheptais Sub County Hospital, the system has not yet been installed in several essential departments, including accounts, procurement, administration, and inpatient wards, limiting the hospital's ability to manage operations comprehensively through a centralized digital platform.

CHAPTER THREE

Committee fact finding

Hon. Speaker Sir,

The committee in sticking to its mandate to 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 went out to fact find the situation in selected facilities across the county.

The committee selected six facilities as a sample for fact finding. They included Bungoma referral Hospital, Webuye, Kimilili, Naitiri, Bumula, Sirisia and sub-county hospitals. The findings and observations per facility as at April, 2025 is as follows:

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BUMULA SUB COUNTY HOSPITAL

COMMITTEE FINDINGS
HEALTH RECORDS AND INFORMATION.
<ol style="list-style-type: none"> 1. The system doesn't generate MOH reporting tools 2. The records are generated manually to ensure continuity of care this is very time consuming to the medics and staff. 3. History of patients is lost in the system. The patient data cannot be accessed.
OUTPATIENT
<ol style="list-style-type: none"> 1. Once payment is done the system doesn't close, the clinicians and nurses cannot get a summary of patients attended to, further they cannot see the results of a patient from from triage then sent to the laboratory. 2. In the case of gender based violence patients and prisoners a different medic cannot access the information therefore forcing the initial doctor to write down manually.
PHARMACY
<ol style="list-style-type: none"> 1. In the event where a patient's drug needs to be substituted, system cannot do so, but can only delete it, yet the process is too long and cumbersome. 2. The system has too many tedious processes, for very simple tasks. 3. The drugs stocks can be dispensed, even when they are not stocked in the system. 4. The system cannot sum pharmacy reports, it gives inaccurate stock in reports vis a vis the physical stock. 5. In the pharmacy workload report, the drugs that are supposed to have been classified are not.
LAB
<ol style="list-style-type: none"> 1. Challenges in network leading to delays in the attendance of patients 2. Cumulative monthly reports cannot be generated by the system.

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NETWORK ISSUES
<ol style="list-style-type: none"> 1. The jumbo soft personnel take so long in responding to the challenges raised by the users, for instance there was an issue raised in March and was responded to in June. 2. There is no LAN in the facility leading to network delays 3. Jumbosoft official responded by saying that the hardware part should be sorted by the Hospital management according to the contract and not them.
ACCOUNTS
<ol style="list-style-type: none"> 1. The accountant cannot generate the amount collected from the registry and pharmacy
OTHER DEPARTMENTS
<ol style="list-style-type: none"> 1. It was noted that the system does not work in inpatient and maternity

Committee observations

1. System Limitations Across Key Functions
2. Poor internet connectivity causes delays in attending to patients.
3. Workflow Disruptions and Poor User Experience
4. Vendor Support is Inconsistent and Delayed

NAITIRI SUB COUNTY HOSPITAL

COMMITTEE FINDINGS
DEPARTMENT: OUTPATIENT CLINICAL DEPARTMENT
<ol style="list-style-type: none"> 1. The system does not have all the recommended ICD 11 diagnosis. 2. The system does not give a provision for editing an entry, in case of a misdiagnosis.
INPATIENT (WARDS)
<ol style="list-style-type: none"> 1. The nurses and other staff can not fully handle the discharge process in the system for lack of training.
HEALTH RECORDS DEPARTMENT

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1. The system is fed with unrealistic information e.g. the number of beds in the system does not commensurate with the actual number of beds in the facility.
2. The system is not working at the dental department for lack of equipment like laptops and desktops to record. Hence the report for dental department is always blank even after work done.
3. The format for MOH reports are not customized to fit national reporting standards and its not auto-populated hence data cannot be populated.

ACCOUNTS DEPARTMENT

1. The system does not combine and generate a summary report of system users.
2. The patient receipts don't not have all required information for proper record collection. Information like date, time and staff that offered service to the client are missing on the receipt.

LABORATORY DEPARTMENT

1. The system does not generate reports of all the diseases tested at the lab, especially for assault
2. The system does not generate reports of patients' mode of payment for the lab services offered.
3. The system allows only the incharge to access or make a report.
4. Some tests reflect even before payment is made.
5. Results from the department sometimes don't react the clinicians forcing patients to collect them manually.

Committee observations

1. The facility has one officer (in charge of ICT) trained to handle the system.

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2. There are frequent power blackouts which affect the working and cause lapses in transmission of patient and billing information.
3. Miscellaneous receipts are used in cases of power break down.
4. Since the waivers are not accommodated in the system, waivers are done manually at the facility.

KIMILILI SUB COUNTY HOSPITAL.

COMMITTEE FINDINGS
LABORATORY
<ol style="list-style-type: none"> 1. The system is unstable (hangs), leading to backlog of workload. 2. There is no provision for a procedure for walk-in patient who only come for lab services after getting consultation elsewhere. 3. The forms fed in the system are not standard forms , the results generated by the system are different from what is fed; blank figures, no indication of age, 4. The system tilts numbers for female patients even if males patients were many. 5. Data and reports are produced manually due to lapses in reports generated in the system
PHYSIOTHERAPY
<ol style="list-style-type: none"> 1. There is no provision for a walk-in for outside patients.
RADIOLOGY
<ol style="list-style-type: none"> 1. The system is unstable, some requests made by medical officers for inpatients do not reflect. 2. There is no walk-in module for the department.
HEALTH RECORDS AND INFORMATION
<ol style="list-style-type: none"> 1. There are instances where different patients share the same patient number. 2. The system has stability issues, it keeps going offline and back. 1. The format for MOH reports are not customized to fit national reporting standards and its not auto-populated hence data cannot be populated.
OUTPATIENT

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1. The system often shows delay, thereby increasing workload in registration, emergency and clinical areas.
2. Any diagnosis can go through/dispatched so long as they are doctor's notes.
3. The system does not have all the recommended ICD 11 diagnosis.
4. The system does not allow any review of patients history by a nurse
INPATIENT
1. There is instability and delays in the system at the department.
PHARMACY
1. The system is unstable, it keeps hanging and going offline.
5. Patients' registration is sometimes duplicated causing double costing
DENTAL
1. The system does not allow a walk-in module at the department.

Committee observations

1. User can't change password on their computers posing a major risk on information security in case ones user password is disclosed.
2. No training has been done to staff at the facility except the ICT officer who has to move around the departments assisting in operating the system.
3. There are no standard operating procedures developed for the users at the facility.

BUNGOMA COUNTY REFERRAL HOSPITAL

OBSERVATION
HEALTH RECORDS AND INFORMATION

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<ol style="list-style-type: none"> 2. There is no provision for adjusting quantities of prescriptions once posted or billed. 3. There are no usernames on transactions, making it cumbersome for follow up in case of a conflict. 4. Dispatch for drugs is not reflected at the pharmacy directly this forces patients to be returned to registration desk. 5. There is no provision for recording waivers hence its difficult to account for drugs/commodities waived from payment. 6. Staff at the department cannot change the price cost in case of a dispute.
<ol style="list-style-type: none"> 7. Lack of an electronic bin card making impossible to track movement of a specific commodity. 8. The system is not upgraded to be able to generate monthly analytics like drugs used, lab tests done, and demographics for patients under 5 years. 9. The format for MOH reports are not customized to fit national reporting standards and its not auto-populated hence data cannot be populated. 10. The system generates multiple inpatient numbers for one patient. 11. The previous medical history of patients is lost in the system after 24 hours.
<p>OCCUPATIONAL THERAPY</p>
<ol style="list-style-type: none"> 1. The system is not integrated with patient's history or billing. Difficulty in accessing patient clinical history and progress notes. The charges for the department are not mapped/activated.
<p>LABORATORY</p>

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1. The bill captures even test that have not been done and cannot be adjusted. Only the outpatient number is visible at the lab. The inpatient number which has additional tests is inaccessible.
2. Requests made to the laboratory disappears in 24 hours making revisits a challenge.
3. There is no integration of patients using insurance schemes in the system, lab requests made by these patients do not appear directly in the lab.
4. The system allows requests under 'special cases' category, the waiver services can be done under this category without restrictions.

MCH – MOTHER CHILD HEALTH

1. There is usually a big delay in opening of patient file in the system.
2. There is no provision for TB screening.
3. Not all posted results are reflected, some disappear within the system.
4. Requests for laboratory and X ray usually hang in the system.

INPATIENT

1. There are experiences of inter-ward patient transfer.
2. Additional items that were not billed occasionally appear in the invoices.

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Committee observations

1. At the emergency section, billing is sent one at a time a situation which might cause delays in attending to crucial cases
2. Any person can access the report of a patient and can alter the doctor's/clinical notes. This can infringe on patient's privacy and security.
3. The laboratory department has a separate information system which is relied on majorly. The information fed on the system is not transferred to HMIs.
4. The system is unstable and delays to relay reports at the I.C.U section can be fatal.

SIRISIA SUB - COUNTY HOSPITAL

COMMITTEE FINDINGS
REVENUE /BILLING
1. The system records cash payments made, this means that the Hospital has not automated revenue collection leading to leakages
HEALTH RECORDS AND INFORMATION
1. The facility workload report is not fully updated.
2. Monthly reports cannot be generated automatically
3. Patient history can be accessed the following day
LABORATORY
1. Lab MOH reports are missing.
2. Not able to retrieve previous data
3. In case jumbosoft fails they resort back to manual which is time consuming
PHARMACY
1. Not able to manage commodity
2. Only billing can be done without waivers
CLINICAL

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1. Drug prescription cannot be seen at the pharmacy when posting results
2. Challenges with internet connectivity leading to delays in posting patients diagnoses
3. Monthly reports cannot be generated

MEDICAL ENGINEERING

1. In case of energy disruption with frequent black out the system in the area the system does not pick up automatically and has to be programmed afresh,

OTHER DEPARTMENTS

1. Some departments have not installed jumbo soft software: These are maternal health, Comprehensive care clinic, Dental, Physiotherapy, Occupational therapy and Nutrition.

Committee's observations

1. Power outages require manual system reset; no automatic recovery.
2. Key units (e.g., Maternity, CCC, Dental, Nutrition) are not connected to the system, causing data and service fragmentation.
3. Connectivity issues delay diagnosis entry.

CHAPTER FOUR

4.0 Committee General Observations and Recommendations

Committee General Observations

- 1) The County government of Bungoma through the department of Finance entered into a contact with M/s JUMBOSOFT Technologies limited on 15th January, 2024, the contract agreement was to supply, installation and commissioning of Health Management Information System and Corresponding Hardware.
- 2) As at April, 2025, the health facilities that are not using the system are:
 1. Kabula Health Centre,
 2. Mt. Elgon Sub County Hospital,
 3. Bokoli Sub County Hospital,
 4. Sinoko Hospital.
 5. Webuye Sub-county Hospital
- 3) The system was procured in the Finance and economic planning department because monies had been appropriated in the department.
- 4) The vendor/consultant has been slow in responding to departmental requests whenever the system faces technical challenges. The department of health has to go through the sister department of Finance and Economic planning to reach the consultant.
- 5) Training of the departmental staff was not adequately done. The ICT officers were hurriedly trained and other staff have not been trained to handle the system.

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Committee General Recommendations

The committee recommends as follows:

- 1) THAT, the consultant should move with speed to ensure installations are done in the remaining six facilities.
- 2) THAT, the department of finance should with immediate effect release the system and its management to the user department for ease monitoring and control.
- 3) THAT, the consultant and the procurement entity should within the remaining three months undertake the following;
 - i. Train all the relevant person in proper use of the software in accordance to the applicable consultant manuals and instructions. The department of health and sanitation should report progress to the committee at the end of the three months.
 - ii. Integrate the system with the various other information systems and customize to the procurement entity/user's needs.
 - iii. Immediately correct all the aforementioned challenges within the three months period. The department should report progress after the expiry of the three months period.
- 4) THAT, the contract implementation team for health management information system should expedite in following up on its recommendations and ensuring that all delivery and performance obligations are met by the contractor.
- 5) THAT, at the end of the three months, the committee will undertake a review of the contract implementation and initiate necessary appropriate measures.

The report was signed and adopted by all Members. Thank you. That's the end of my report. I request my able chair to second the report. Thank you.

(Applause)

Mr. Speaker: Hon. George Makari you do have the honor of seconding your committee report. You have the microphone, please proceed.

Hon. George Makari: Speaker I want to say thank you and also applaud my able vice-chair for having done a splendid job by moving the report on the floor of this House. I wish to bring to the attention of the House as I second this report; you have heard from the genesis of the report up to the last bit; there is nowhere in the report that there is a positive observation.

There is no positive observation anywhere in the report about the HMIS system. This system I want to believe was a scam and the fact that somebody looked at it and saw that it is a help user system domiciled in finance already raised a red flag to us. It was a red flag because why should I be the user of the system and the system is

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controlled in Kakamega or in Busia? I am using it here but the person calling the shots on the system is elsewhere.

I want to inform the House about a few issues. Most of the time the system hangs or crashes. I can give you a practical example. There was a time in May, my mom; where I grew up here in Munyali; was admitted and eventually died.

I went to pay the bill and the extract of the bill was given to me. Do you know, Hon. Speaker a test of liver functionality was done five times within a span of one hour and all of it was billed, 1,500, 1,500, 1,500, 1,500. It's not possible because one, you have done test on liver functionality test. It is now and the Doctor has to review the report of the patient's sickness. If they were different tests i.e. malaria, sugar, STI and etc. that is possible but one test within an hour and you are billed all of them. It means that system is not correct.

The other problem was at the payment. The system had crashed and we were there waiting. I was handled faster because I am the Chairperson of Health Committee but there were more than 690 women at the window waiting to be served but the system was not functioning.

Hon. Speaker, we can report to the House that it is a scam. At the point of discharge, the patient is not eliminated in the system. Therefore, the system will still read that the patient is still at Bungoma Referral Hospital six months after you have left.

There is another thing called MOH reports. This is a national standard template of reporting. For example, if there is an outbreak of TB or malaria, there is a standard template of reporting such. It's captured here in Bungoma and it reflects nationally and then the national center can review and say there's an outbreak of a disease in Teso North. They can activate their machinery and run to Teso North to combat that infection in that particular area. The MOH reporting tools are not also in the system. Those that are there are inadequate and they are not even linked or they are not complementary. They are not the standard reporting tools that are supposed to be in the system. They are different from the national reporting tools.

Another issue is that you cannot retrieve the history of treatment of a patient. For example, Hon. Mulongo has gone to Kimilili County Hospital to be treated. When he goes back tomorrow, if the inpatient number is keyed in the system it should bring out Hon. Mulongo IB number 20 23/ 25, age of the honorable Member which is around 80 years and the diagnosis so far that was generated.

Hon. Speaker that system if you go there tomorrow, it is not there. That's not a system. It should be able to bring out that Hon. Mulongo was there yesterday and the inpatient number is here and Hon. Mulongo was treated for this ailment.

You heard from the mover of the report that once the user has used the system you cannot log out. It means only the Deputy Speaker can come on the desktop computer when you have left he can continue with what you are doing, and he can feed in the wrong information but the person that will be blamed is the original person that was there. The Deputy Speaker can come and tamper with your desktop, but now, who is the person on that desk from morning to evening, before logging out? And then you will not even be able to log out.

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Mr. Speaker, it is wrong because every person must have a user password so that when his session ends the other person coming in must be able to use their own passwords to access the system but that's not the case. This system, as I second is totally not correct.

I also want to report that this report was generated in May and we had indicated that after three months, the sector will appear before us to respond on the issues that were raised. I can confirm to this House that they will appear tomorrow. We have a session with them tomorrow over the same even if the report is here, we are not satisfied up to now. We will still engage them tomorrow, over the same. I want to second the report and call upon the House to adopt the same. Thank you.

Mr. Speaker. Thank you, Hon. Jerusa for moving the report well and Hon. George Makari, the chairperson of the committee for seconding the report. Allow me to proceed and be able to propose a motion for debate.

(Question proposed)

Hon. Sheila Sifuma: Thank you, Mr. Speaker, Sir. I want to start where you just stopped to make sure we get another name for this thing that has been presented because clearly it's not a system because you know, a system is supposed to make life easier. It's supposed to make work better and efficient. I think this system is frustrating for hospitals and even the mover of the motion seemed frustrated when she was reading because you know it is hard to present when you are sure the document or the system you are presenting has hitches.

What we need to ask is what was the (product requirements document) PRD of this system? Let's use the word system for the sake of context of this debate. What are the product requirements document? Because we can be here maybe castigating the system but what did we order? Whenever we order something there's that product requirement document that you present. So what did we order as a county? I think that document should be presented to this House so that we can compare because maybe this is what we ordered. I think a clarification maybe to the committee can also come to that. What did we order? That is my first concern.

Secondly, I think there was a pilot period, a trial period for this system. During this trial period, what was the recommendation of the person who approved eventually? Because for any system, there is a trial period. Once you are satisfied with its functionality, then there is an official or an officer who approves the product. So who approved this product? And maybe the next issue would be the Jumbo software, or was it Jumbo Soft that company that is offering this service? First of all, I have just done an easy search on my phone. It does not even have a website and it's an IT company in this digital era. You see already that is a scam. So maybe the people also who did the procurement process did they even check to see if this Jumbo Soft is legit? Maybe we were working with a scam from the beginning.

I think those are the questions we need to ask because even as simple as bloggers, these days we have a website where you can go and do fact-checking. A simple search online will tell you this product. Jumbo Soft Company does not exist.

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Another clarification just as the chair has mentioned, for instance on e-citizen you can always log in from anywhere as long as you have a login ID and a password but here we are seeing a system where doctors in the same hospital, within 50 meters radius, one doctor cannot be able to see what another doctor did. Then what is the point of the system? Because the system is supposed to even if you have gone on leave, whatever you did yesterday for a patient the doctor who comes today can be able to trace it and know where to start. Otherwise we would not need a system because then even hard copy, analog papers would work better because they will be stored in a physical file that we can see. This system is frustrating hospitals more than its helping.

Another thing, I was just shocked by the fact that you cannot be able to change your password. You know I even lack words because that is the simplest thing. I think even a class one baby in CBC knows any system.

Mr. Speaker: If Mulongo has also a password of all the people, now imagine.

Hon. Sheila Sifuma: Imagine because you see there's old age and matters like old age and forgetfulness can make you forget a password and it should be able to make you to correct the password whenever you lose it.

On the recommendations that the committee made the general recommendation where I saw they say we should speed up installation of the system to the six remaining hospitals. For what? This thing should just be banned. Those hospitals are doing better without the system than with the system. Yeah, because this one I think will frustrate them. I think we should not even recommend that it is installed in the other hospitals because already it is messing up most of the hospitals as you have seen on these reports.

On matters training, whenever, I have just been informed by an IT expert here, Mr. Hon. Bosire, I was asking him, once you share or you sell a software, you are supposed to provide a training manual. You are not supposed to go back to the training entity for you to get a training manual. At the point of purchase, you actually are supposed to buy because this is a county document not any other software.

It's something that holds the data for our patients in the whole of Bungoma County. So this Jumbo scam of a company should have actually submitted their training manuals to the ICT officers of this county, so that the ICT officers even of this county understand the software so well and they can even be able to train the rest. They can even be able to change a password. They can even be able to set up a new user because then I don't understand why I would have paid for...because it's supposed to be a property of the county moving forward and we should go back and establish what we sign for during procurement.

As I finish, I think the CECM of Health should appear on the floor of this House because this is a sign that he has wasted county resources in the most blatant way possible. You know, for example by bad luck, if such a debate leaks to Senate and we are put on the limelight even maybe by the minister at national level, Bungoma County Assembly MCAs will not be able to defend this thing. We will be worse than Kericho MCAs at the floor of the Senate because it is hard to explain how you cannot change a password of a system.

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Lastly, in terms of data privacy, how private is the data of the patients who are being treated in Bungoma County? For example, an honourable member has STI and the data is just there for everyone to see then their dignity will be compromised. Mr. Speaker I am not referring to any Member in this House...

(Laughter)

Mr. Speaker: Your submission is valid.

Hon. Sheila Sifuma: Then they will not have dignity to walk in the streets of Bungoma with their heads high, which is a violation of data laws in this country. So my recommendation, the last one would be, I think this procurement process should just be relooked. An overhaul has to be done and this Jumbo Soft have stolen from the people of Bungoma and they need to refund us. They need to refund us for the wastage of time and the wastage of resources that we put into them. Thank you, Mr. Speaker, Sir. I second.

(Applause)

Mr. Speaker: Hon. Jack Wambuluwa, then I will have Vitalis and Job in that order, please. Now, Hon. Makari, it appears your system looks like the one for revenue collection.

(Laughter)

Hon. Jack Wambulwa: Thank you, Hon. Speaker. I want to appreciate the mover of the motion Hon. Jerusa, seconded by Hon. Makari. One good thing I want to like about my two leaders on Health Committee is that they are firm in this report and they have been clear. I have been a victim and I am one of those who raised the concerns before the committee intervened to do fact finding. That even as early as last week when I went there for malaria test at the BCRH, which is our main facility it can take you a whole day without getting the results back to the doctor. This is one system that has come to swindle Bungoma. There is a lot of money that have been paid and as we buy time, I want to inform my chair, Hon. Makari by meeting the executive tomorrow, it's a matter of just buying time. They are renewing the contract again to continue swindling Bungoma money.

Hon. Speaker, this system cannot work. Imagine a company with only two members of workforce. That if we have an emergency in Bumula, the same person will rush to Bumula to solve the problem. Whereas it's required in Sirisia the upper side one is required in Tongaren and there is no other person. Most interesting thing that for all this time we have been asking questions about this HMIS system, we have never known a director. If you can recall Hon. Speaker when we were in Eldoret for the MCAs meeting with the governor and the executive, when we requested to know the director of the company nobody appeared.

They sent us young youths who are IT experts to come and convince us that things are right but to confirm things are not right. It is somebody who is well in the current government system, the owner of the system must be one of the senior government officials in this government who is trying to protect this system so that it can

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continue swindling. I support the report but as members, we must stand firm and say no renewing of contract of that HMIS machine.

Mr. Speaker: Hon. Vitalis...

Hon. Vitalis Wangila: Thank you, Mr. Speaker. Allow me also add voice on what the seconder of this motion Hon. Makari, who is also the chair of this particular committee said. It's like many people have lost lives because of this system. How can somebody wait for one hour when the system is not working and it's an emergency? You remember there's no patient who can be treated or be helped if there's no results even from the lab. Which means that we have lost so many people in this county because of this system.

Mr. Speaker sometime back I had a relative whom I went to when in the morgue the time we were going to take him and the system was still waiting that he is still in the hospital. They are still billing until the day he was supposed to be removed from the morgue. So I wonder how this system was working.

How can we have one ICT person moving all over these particular facilities? We have ICT officers in the facilities but they have not been fully trained. They don't know even what to do. One time, Mr. Speaker, we had a meeting with the MOHs and when we asked them how this particular system is working, they were not aware.

In one way or another, it has opened ways for some people to swindle government's money. Money is being lost because this system is not working and you cannot follow where the money is going. I want to say that when this system was being installed, we started on a wrong note. We started on a wrong note because it was not installed in the mother department. It was installed in another department and that's why even one time when we asked the Chief Officer of Health to tell us anything about how the collection of the money in the Health department, he was not aware and had nothing to tell us as the committee because he doesn't know even where the system is installed.

I want to agree with the Hon. Jack Wambulwa. There is a time we insisted that we want to know the director of this particular company that supplied this system. Unfortunately, they brought us a younger man. When we tried to question him he just went out as if he was going for a short call and disappeared, never came back because he was unable to answer some questions.

Mr. Speaker I want to agree with the other Members that this system came to swindle the money of this particular county. Because this report was done in the month of May, we are behind time. The big thing tomorrow my chair we need to question them and see the way forward. We cannot continue this way because as we buy more time the more we are losing as Bungoma people. Thank you, I support the motion

Mr. Speaker: Thank you Hon. Job then I will have Hon. Francis Chemion, then Nganga in that order before I come to the leadership on this side.

Hon. Job Mukoyandali: Thank you Hon. Speaker. What is coming out clearly is we do not have a system. Whatever we have is just a scam and not a system that can help this county.

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Secondly, why was it necessary for the Department of Finance to actually procure a system that is answerable to the people of Health? Because as it sits, it's finance which procured this system but whoever is supposed to come and respond to this House in relation to this system is the Health department. Hon. Speaker we got it wrong from the word go but it's good that the then CECM Finance is now the one who is in Health. The CECM who was in Health is now the one who is in Finance.

Hon. Speaker that is a good scenario. I want to beseech this House and beseech you that in your ruling that you help us so that these two CECMs appear plus their Chief Officers in this House to answer these questions because we want to sort out this thing once and for all.

It's no longer the issue that can be handled just by a single committee. It's now something which is affecting the whole county. You can imagine where the system is failing in the whole county and people are dying. Hon. Makari my chair explained well how this system is working. You cannot locate a patient moving from one stage to another. You cannot even get the lab results and this is a system that someone was proposing that we put money in the budget for maintenance. Maintaining such a system for what? I want to beseech this House that in our ruling, we do away completely with that system. Surcharge whoever brought that system. Then we recover that county money that was lost through the system.

This is a system that they have been promising that, you know, we are bringing answers. We are going to work on it. It will begin working after this time. If up to now the system is not working, can we continue sitting here and giving them more time? What should we give them more time for? They are talking of training. Why are they training? What are they training people for? They are training people over a system that has failed.

What happens at the end of the day when the system has totally failed? Let them appear before this House. Let this House be firm because at the end of the day Honorable Members, you and I will be in this mix. They will say the Honorable House of the Bungoma County Assembly, the whole House approved that the system does what? Continues to work within the county.

Let's exonerate ourselves from this mix. If somebody messed somewhere, let him or her carry their own cross. So that at the end of the day, you and me are safe. So as they come, let them be ready to come and tell us why this system has failed completely even after giving them all this long time. Whatever the meeting we will have tomorrow as a committee, I appreciate the chair. Let's have that meeting but at the end of the day, let them appear before this House so that we sort this thing out once and for all.

Otherwise, money has been lost and soon, we will be called somewhere to defend ourselves. We won't be able to defend ourselves. It is clear that money has been lost. Look at Webuye County Referral. Up to now they have not even gone to that system because they tried and it failed. They were gone back to the old system.

Whatever is happening in these facilities, *ni wizi wakimabavu*. They are stealing. People are literally stealing from this county because you go, the system is billing five times. Where is this money going? You do one test, the system bills five times. Where is that money going? You go and sometimes you cannot even do the billing,

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the online billing. You have to pay cash within the facility. Where is that money going? Who is collecting that money? Who is the owner of that money? When this money is supposed to be accounted for within the system.

You go to the lab, you have been given drugs and at the end of the day, when you pay for those drugs and the system goes off when it comes on, nobody can trace that actually Chemion was here and he paid this amount of money. Where is that money going? At the end of the day, how do we account? And here we are talking about so many stories. Let's crack the whip that will never be forgotten.

These things of systems have become a milking cow for somebody in this County. We talked about the BAMS. Up to now, money is going no solution has been found. We talk of a low collection of revenue. Right now the same person is the one who procured this other system of Health. Money is going, somebody is behaving like we are children.

Today you call him, give us one week. I have gone to Nakuru for a seminar. Allow me, I will come next week. When the next week comes, I have gone I don't know where... The governor has called me. Hon. Speaker we cannot allow this kind of jokes to continue going on in this County or rather somebody should just pack and go. A single person cannot continue stealing from this county. This is theft and if we don't wake up, something is going to eat us all. I submit.

(Applause)

Mr. Speaker: Thank you Hon. Chemion. After Hon. Chemion, I will have Hon. Nganga then I will come to the Leader of Majority.

Hon. Francis Chemion: Hon. Speaker some of us followed the proceedings in the Senate. Hon. Speaker you remember the issue of the voting in Kericho and one of the main issues that was being conversed at the Senate was the training of the Honorable Members on the usage of the new system which cost the county assembly.

They were not able to defend and therefore, you look at this report honorable Members, it is clear from the sector committee that the users of this system have not been trained. How are they going to manage to use this system in their facilities if they have not been trained? I thought the first thing should be training. After installation, training so that they are able to apply the knowledge and skills that they would have acquired.

Maybe as the mover replies, he should be able to tell us whether in this system we have paid in terms of finance, the overall manager or the facility in charge can tell you at a blink of an eye how much they have collected in a day because if it is not possible then there should be a dashboard.

There should be a dashboard in each facility where the system has been installed so that the person who is in charge just looks at the dashboard and gets the information in terms of how much drugs have been dispensed, how much revenue has been received, how much laboratory equipment has been used. That information should

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be at the blink or a click of a button if the system is functional and if it is not functional, then we go the route that honorable Members have said.

From the report, you also look at the number of facilities that have not yet received even this very bad system. The installation has not been done in Kabula. It has not been done in Mt Elgon. It has not been done in Bokoli, Sinoko and Webuye. These are major facilities that if the system was a good one, the proprietor or the person who supplied the system should have been done with the installation.

See up to that time those facilities have not been equipped with this system. Therefore we agree with the members of this committee that within that period, the period has expired now as we speak, the period that had been given is expired and we expect now to see very new things.

If they are not there, then there is no need of having the system in place because we will continue paying for servicing. We will continue paying for software. We will continue doing a lot and maybe this person has even been paid again all the amount. The committee should also look into it to establish whether this person who installed the system was paid in total. If he was paid in total then and he has not done the work even that contractor should also be followed and the accounting officers because you can't pay in total and yet the work has not been done.

So I want to end there, Honorable Speaker. I support this report and I recommend that we must move with speed to ensure that we take charge as a County Assembly. Thank you, Hon. Speaker.

Mr. Speaker: Thank you, Hon. Chemion, I will have Nganga. You have the mic.

Hon. Everton Nga'nga: Thank you, Hon. Speaker. First, I would like to laud the mover of the motion and the seconder and the committee that did the fact finding to come up with this report. I have been listening when the motion was being moved and I was much surprised. To my understanding, one of the sources of income to public sector entities that normally provide services is the Appropriation in Aid or the amount of money that is normally collected after providing services. It is not a profit, but it is just money for the services provided.

If a system cannot give out the summary or the total amount of money collected per day from the patients, it means it is opening a leeway or a door for looting of money. A good system when you just click it should give you the total amount that is supposed to be remitted or to be submitted or to be given to the person who is supposed to collect it at the end of the day and this system cannot.

Last week I was at Webuye Hospital. I went there to see a patient, but I met a student. There was a student at the registry. I asked her how the system is working and the amount of money they normally collect per day. She told me that per day they can collect around Kshs 300,000 or Kshs 400,000. At the end of the month they always get around Kshs. 9 million. To my understanding as an accountant when I did some mathematics per month I discovered that the County Government of Bungoma normally collects a lot of money and is even able

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to pay all the medics or those people who normally work in that department without even getting money from the treasury. There is a lot of money that is normally collected.

What she told me is that after collecting, they normally give. There is a person who collects this money and takes it to the bank. I asked her, can this system generate receipts or documents or a statement to show the amount that you have collected? She told me that actually it is hard. Which means somewhere on the line, someone can decide to run away with the money.

This is a nice report and if this report can reach on the table of the CS, that is Cabinet Secretary for Health Aden Duale, he can decide to close all the health facilities in Bungoma County, because when it comes to SHA, if a system can charge twice or four times to an activity with a specific cost centre, then it means we are overcharging the National Government. This system must be changed and it is my request that if possible, the CECM Health, who was a former CECM Finance, instead of meeting the committee tomorrow, the committee has already given us the facts and the information that is required. Let him just come and meet us in the House, meet the Committee of the Whole House tomorrow.

Look at this in the pharmacy department, where a patient needs drugs to be substituted. The system cannot do so instead it deletes. If the system is deleting, how will the person working in the pharmacy come up with the correct drugs to be given to the patient? As legislators and honourable Members of Bungoma County, we are doing a disservice to the citizens of Bungoma. I'm now getting why in my ward every week I'm burying around 20 people. It's like we are having poor diagnosis.

The system cannot give the exact drugs that are supposed to be given to the patient. It's giving wrong drugs. In the laboratory system, there are delays. They cannot give out the results from the lab. They are delaying and sometimes they cannot give. How will the Doctor treat the patient if the system cannot give out the results in time? This is a big mess.

Health as a department was devolved and actually this is an area where we are supposed to work and make sure that our people benefit. It's like we are overcharging our people. A poor person paying a lot of money because the system is generating a number of charges. Why are we overcharging our people yet they are very poor?

It's my suggestion that the CECM and the Chief Officer and the whole team just appear before this House. We can even make tomorrow a special day. Send this report to them so that when they come, they can give us proper answers. Thank you.

Mr. Speaker: Hon. Joseph Nyongesa?

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Hon. Joseph Juma: Thank you, Speaker. I also rise in support of the report and more so appreciate the mover and the seconder of this committee.

I was much impressed when the chairman was seconding and indeed, it came up clearly that the system has failed and the system is a scam. I don't want to repeat what my colleagues have said. We should also look at the flow of the report. There is completely a mismatch. The report is flowing well, but looking at the recommendations it seems we still need this system.

The first recommendation is that the consultant should move with speed to ensure that installations are done in the remaining six facilities. Now, if the system is a scam, then we are saying the consultant should move with speed so that at least we continue using it.

Look at the recommendation number three. That the consultant and the procurement entity should, within the remaining three months, undertake the following. Train all the relevant persons in proper use of the software. When Hon. Job was contributing, I rushed to check whether he signed the report or not and actually he signed.

It tells us that what we are recommending and what is in the report are two different things. For this report to carry some weight we should change the recommendations now. If the recommendation is still backing the system then we are also wasting time. I want to appreciate our sister, Hon. Sheila that let's not be caught the way the Kericho MCA's were caught. The issue is that we change the recommendation. I support the report.

Mr. Speaker: Honourable Leader of Majority, you don't stop there. You propose a recommendation, call a seconder, it's going to be changed. When you say we change and you sit down, who is going to propose the changes?

Hon. Joseph Juma: Thank you, Mr. Speaker. Actually, we are in the learning process. Allow me call upon a seconder that the recommendation that has been made in this report should be changed and also as we change the report. We also urge our secretariat that as professionals kindly assist us in terms of coming up with good observations and recommendation, especially recommendations. Allow me call upon Hon. Sheila to second.

Mr. Speaker: Hon. Sheila, You have the honor of seconding. Honourable Leader of Majority you must propose a specific recommendation that has to be captured because they are going to change before they file this report with those specific changes. It will be captured by my secretariat here to go and change the exact words.

Hon. Joseph Nyongesa: Thank you, Mr. Speaker.

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The first recommendation to be changed is recommendation number one. So, should I also give what should be written?

Mr. Speaker: You give how it is supposed to look like. Yes.

Hon. Joseph Nyongesa: Instead of saying the consultant should move with the speed to ensure that installation is done in the remaining six facilities we should say the consultant should be investigated because what we need is efficiency. I hope the secretariat will capture and come up with the right words.

Then recommendation number three should also be changed, because what we need is effectiveness of the system not training. The system should be tested before training is done.

Mr. Speaker: Honourable Members, what you are suggesting is good. If you are saying they undergo investigations, you are saying we no longer want him, just remove number three completely so that we go straight to the issues.

Hon. Joseph Nyongesa: Then, I think number four also should be changed. Even recommendation number two, I don't know if the user department, which is the health department, needed this system or maybe it was imposed to them? I don't know.

Mr. Speaker: We are going to confirm, I'll be making a ruling here right away when you finish here.

Hon. Joseph Nyongesa: So, I think Hon. Speaker, our secretariat has captured. Let me call upon the seconder Hon. Sheila to second. Thank you, Speaker.

Mr. Speaker: Hon. Sheila, you have the mic...

Hon. Sheila Sifuma: Thank you. Mr. Speaker, sir.

I think maybe just to add, as I second, all the five recommendations should be relooked to capture the aspirations of the honourable Members on the floor. Whatever they have said on the floor.

Mr. Speaker: That may be tricky.

Hon. Sheila Sifuma: Yeah.

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Mr. Speaker: That may be very tricky. Hon. Sheila that means we have to look at the individual recommendations. I want to ask you, once you've done this way I will give you a new way out, so that all these characters come here. Okay. You don't have to worry.

Hon. Sheila Sifuma: Okay. On that note, then Mr. Speaker Sir I second. Yes.

Mr. Speaker: Honourable Members, I will allow that the proposed amendments be allowed to be part of the recommendations. To cut the story short. So, Hon. Sudi'?

Hon. Allan Wanyama: I'm sorry, Speaker. I was sitting there for consultation purposes with the Hon. Job. I'm just rising on a matter of law, or maybe just to be guided well. I thought whatever Majority...

Mr. Speaker: You know what we are talking about. I'm supposed to propose a motion without debating again. Okay. That's what's supposed to be done. But I read the mood of the House today. You want to capture this? So that it goes straight.

Hon. Allan Wanyama: I get you, Speaker.

Mr. Speaker: Thank you. Yes. Hon. Sudi?

Hon. Isaiah Sudi: Hon. Speaker, Majority Leader has captured most of my contribution. I also looked at the recommendations and realized that we are contradicting ourselves because here we are saying the contractor to complete the remaining facilities. Because, Hon. Speaker, I once went to the hospital here at BCRH, that system, once you are treated, your details are deleted by the same system.

If you go back tomorrow you are just a new patient. It is a system that is allowing a lot of corruption. Especially at the end where money is collected because it deletes itself. If you go there, just one time try it. Just go there, you give your details, you are treated then tomorrow again or the day after tomorrow you go back, you are just a new person. Then I wondered what type of system is this.

Even hotels nowadays, when you sleep there, even if you go back after three years, you only give your ID. Then they see your details are in the system. What about this one that we have spent a huge sum of money? I think someone just wanted money and he looked for a way of enticing. What can I do so that I can get money? Or maybe the person who sourced the system depleted the system provider by going beyond. The quality of the system could have been compromised by the demands in form of kickbacks. Because, a system has features and it depends on how much you are putting in.

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We need the committee, when you meet the CECM tomorrow, try to find out. What necessitated the department or the county to change from the previous system to the new one that they have? Because they need to tell us what are the benefits of this system compared to what we had previously. How can a system delete? Every time you go there, you are a new patient.

If you go to the pharmacy, you can imagine now what happens in the pharmacy. You are billed, given drugs then the system deletes that information. Maybe someone owns that system through proxy and he is making money that he will use maybe 2032. By him being rich and our people dying.

When you come up with a system you configure and know what is happening. People are now so intelligent. People are learned. This is a system and the government must be thorough in procuring a system because the hackers are there. They will hack it and all county funds will be going to somebody else. Maybe in Russia, in South Africa, how will you access it? Because it is possible.

As we speak, this is an urgent matter, my colleagues and we need to have the two CECMs, as it was suggested by Hon. Job because there is one who did the intent. Then there is one who procured. There is another one who paid. So we need to have all of them here. Something funny with our county here, such a system, in such a scenario, you realize that all the money had been paid and a contractor who did a road in my road well, we are using it, has not been paid. He is crying on the road. He is on the street crying. Someone who did a dispensary that we are utilizing is crying for payment and this one you will see he has been paid in full because of the interests.

This is a County of interest. How do you procure? You remove a system that is working well. Then you come in with your system that is not working to defraud the poor people of Bungoma. Where is Duale? Duale should come to Bungoma and correct this mess.

We are really losing as a county. We need to progress. Technology is now the way to go and you have a faulty system. What do you do? As leaders, we shall be judged by what we do? We are allowing now the Senate to take over our work. Because when the Senator will hear this, he will come up with statements; several files will be taken to the Senate. When you call them here, you will see what they will carry, small things. We want them also to come with their own files and tell us. So that we verify. Because they prefer going to the Senate. It's also a loophole, it's a way of robbing the county. When they go to the Senate, they don't go there for free.

Even the President announced. This is in the public domain that when they go there, they carry money. I'm not the one saying. It was said by the head of state and they prefer going there because they also benefit. How do you refuse to go where there is a benefit? Can you really refuse to go where there is a benefit? A free benefit, which is not salary. Even as you are sitted here, elected members and our colleagues...

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Mr. Speaker: I want to interject to you. But I agree with you on one thing. Last time when the Governor's team was called in Nairobi to appear before the Senate. I had gone for my daughter's prayer day in Kenya High. Fortunately, I passed through the Bunge Towers. There were over 60 staff from the executive. The painful part, they had all flown. Gone by flights and only three people spoke in the Senate. What you are saying, people benefiting from where? So, another speaker.

Hon. Sudi Busolo: All of us will always want to go where there is a benefit. A benefit that you have not worked for. You have been airlifted to Nairobi to enjoy the best hotels. As Hon. Nganga had put it, we are burying our people at a high rate. Every ward you can imagine on average, every week we are burying between 10 to 20 people. Politics is about interest. We are interested population and our population is going down. What shall we do? You know, when you bargain with others, you must also have people. You must have a population behind you.

Actually, simple ailment is killing our people. Somebody will go and wait because the system is not working. That person dies of chronic headache which can be controlled.

Finally, the Chairperson of Health is here. The same health department has recruited Doctors on two sets of salary. There are those getting Kshs 50,000 and there are those who are getting Kshs150, 000. A doctor called me from Eldoret I said what are you doing? I've been here, I was put on a contract of six months and I'm being paid Kshs 50,000. I accepted the letter because when we were on internship, as interns, the letter always reads job Group M, Kshs 50,000 but we were being paid Kshs 205,000. We thought it is the same system we have now. That is how it works. We are being paid Kshs 50,000 every month.

How do you go to the theatre daily with Kshs 50,000? That is why our people are dying. You just go there to kill. You have no business of struggling and your pay is only Kshs 50,000. You are just like a sweeper in the hospital. Then you recruit others on a salary of Kshs150, 000 and you tell them, never tell the others that they are earning Kshs 150,000. When they come tomorrow ask them their letters are even out. That is what I'm saying, technology. Even there is a letter recommending them also to be paid Kshs150, 000 and they have not been given.

As much as they accuse Ruto for having tea in State House costing a lot of money, even here, Bungoma should also be put on the list because our people are just in the meetings. Attending meetings and nothing is coming out of those meetings. Today is my day because now, I'm paid for talking. I was elected to talk and when I talk I go home at end of the month, I'm paid. I can be re-elected again just because I talk. I don't want to go in history as a Member who never talked in the House. Who never spoke. I should be rated as one of the Members who is

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speaking almost on daily basis because even if I don't have much to contribute, I'll always wake up and say something. I'm elected to speak.

Otherwise, let us allow the committee... I will request, let them come here, we are ready to put them to task. Let them explain. It's not the only area that has a problem. You remember the same team. I'm not able to explain how the two month salary got lost. We are still in that dilemma. As much as we are covering up, the same team, they lost two months' salary. When you tell them which company did you pay, they cannot explain. Let them come we have a day with them. We serve our people.

Otherwise, I thank the Committee on Health for coming up with this report and for even going to establish that the system is faulty. That is good. I urge other committees to follow suit. I was disappointed that Education is requesting to go for benchmarking. Do you really request or that is your role? That you allow us to go for benchmarking? I'm just quoting, just like you can quote what Mandela said. Otherwise, I rest my case.

Mr. Speaker: Thank you. Hon. Jerusa, you can have the mic from where you are.

Hon. Jerusa Aleu: (Mover to reply) Thank you, Mr. Speaker, for allowing me again to stand before this House at least to say something. First of all, I would like to thank all Members who have contributed about this motion. As a committee, we are not also happy about this system.

I'm happy the way my chair seconded this report. It shows that as a committee, we are not contented or we are not happy about this system. He mentioned that the system is a scam.

Hon. Sheila said about refunding the money; I don't think they are just supposed to refund the money that was used to buy this system but also we will demand them to repay back the money that has been lost in our County since that time they started using that system. Because it is not little money and somebody somewhere has to be responsible and the way you have said, we need to crack the whip.

It is not a laughing matter, we can laugh but it is painful. There is laughter that one can laugh when feeling pain. I think if other authorities will just have to go through this report, people will have to run and what we know we want our money deposited anywhere or placed anywhere. We need to see the value of that money so this system is a scam. We accept as a committee and we are ready to follow what is supposed to be done concerning this committee. If you can recall on our observation, yes we can be soft in a way or so but still in those points you can see that the committee still also says that the system is not working, does not work and they're really swindling county money.

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Otherwise I wouldn't like to go further than that but as the chairperson said, we are having those people tomorrow and as a committee we are going to implement what has been said in this House to handle the executive. Thank you.

(Applause)

Mr. Speaker: Thank you Hon. Jerusa for the reply to the motion.

(Question put and agreed to)

The report is adopted with those amendments put forward by Hon. Leader of Majority seconded by Hon. Sheila Sifuma.

Honourable Members we want to agree here because from what I have heard from the Members sentiments, these people must physically come here. Tomorrow I will be sitting in HBC for next week's Order Paper. We will be planning on a day like this next week on Wednesday morning we will not have a motion so that the entire team appear before this House to answer these queries.

(Applause)

What Hon. Jerusa moved in that report and what Members spoke about the issue of going to the hospital twice or three times being billed, I also have the experience and when you go the following day there is no medical history. You go there as a new patient. Honourable Members, I don't know how the committee has planned to do it but this was my observation that based on the Honourable Members submissions, I hereby invoke Standing Order no. 1 and summon the following persons to appear before the House on the 17th of September, 2025 at 9:30 a.m. without fail. The words are summons not invitations. Summons are signed by myself, invitations are signed by the clerk.

Now the following members must appear here; the CECM of Health and Sanitation, Chief Officer - Health and Sanitation, Director - Health and Sanitation, Medical Superintendent of Webuye and Bungoma to appear here physically and the summons to be served tomorrow by midday plus this report. They will appear here because what we are raising is critical.

Honourable Members I beseech you today is our second day of sitting and see what is happening. We are discussing ward issues here and you are nowhere to be seen. At least I'm happy the Whips are here but the entire majority side where are they? Minorities have a meeting with your people, majority and your whips have a meeting with your people. If the vote is taken, it will be embarrassing and by the way this is our second day of the resumption of our sittings and having been able to amend our sitting calendar, we are going up to the first week of November before we break. It is not meant for my benefit; all of them are elected having wards and these challenges they are also facing them in their wards. Members, we will adjourn the sitting today but tomorrow by 10:30 a.m. or by 11:00 a.m. I want to have the summons signed. Yes Hon. Makari?

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Hon. George Makari: Hon. Speaker this is my humble submission and request that can we be able to combine both of them the CECM - Finance and CECM - Health because they only switched roles. One was the other side, the other one was the other side and each one of them knows something about the system and the Chief Officer - Finance and Chief Officer - Health.

Mr. Speaker: Thank you Hon. Makari?

With that guidance from Hon. Makari, add there the CECM - Finance and the Chief Officer - Finance. So they will all be here the two CECMs and Chief Officers.

(Applause)

There is no excuse of saying it is Finance department managing this one so that we are able to know. Those summons to be brought to my office for signing tomorrow by 11 .00 a.m. I will sign the summons and served by Ignatius or Musumba who will come back and swear the affidavit. Not served from records. Musumba or Ignatius they can go with the Chief Sergeant Calistus if he will be available and they must bring back affidavit of service of that record so that we can be able to confirm.

If they are going to fail to come here we are going to surcharge them or pronounce punishment on them so that people take us seriously. For your case Honourable Members you have this on your gadgets take time and look at it. I will allow you that whole morning from 9.00 a.m. to 1.00 p.m. to ask questions, to seek clarification because we are being robbed. It is what we call daytime robbery of our people.

ADJOURNMENT

Honourable Members at this juncture we adjourn this sitting and resume tomorrow Thursday 11th of September, 2025.

The House rose at 10.04 a.m.

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