

COUNTY GOVERNMENT OF BUNGOMA

COUNTY ASSEMBLY OF BUNGOMA

COUNTY ASSEMBLY DEBATES

THE DAILY HANSARD

WEDNESDAY, 17TH SEPTEMBER, 2025

Morning Sitting

3rd County Assembly

4th Session

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COUNTY ASSEMBLY OF BUNGOMA

THE DAILY HANSARD

WEDNESDAY, 17TH SEPTEMBER, 2025

The house met at 09:30a.m.

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

PRAYER

PAPERS

**REPORT BY THE COMMITTEE ON SELECTION ON THE REVIEW OF MEMBERSHIP TO THE COUNTY
ASSEMBLY COMMITTEES**

Mr. Speaker: Leader of the majority,

Hon. Joseph Juma: Honourable speaker, I table a report on review of membership to the County Assembly committees.

Mr. Speaker: Honourable members, the report by the Committee on Selection on the Review of Membership to the County Assembly Committees hereby tabled by the committee and the same become the property of the house accordingly.

NOTICE OF MOTION

**REPORT OF THE COMMITTEE ON SELECTION ON THE REVIEW OF
MEMBERSHIP TO COUNTY ASSEMBLY COMMITTEES**

Mr. Speaker: Honourable members, a notice of motion having been duly issued by the Chair of the Committee that this House adopted the report of the Selection Committee on the Review of the Membership to the County Assembly Committees. The same is shared with the Honourable Members as it's going to form part of our business.

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QUESTIONS AND STATEMENTS

RESPONSE ON THE CONSTRUCTION OF MATERNITY WING AT KAPTAMA HEALTH CENTRE

Mr. Speaker: Hon. Chemion is present. Hon. Makari, you proceed from the dispatch please.

Hon. George Makari: Thank you, Honourable Speaker. The Committee on Health Services received a statement sought by Hon. Francis Chemion on 30th July 2025. The statement was in relation to the construction of maternity wing at Kaptama Health Center. The Chairman was given up to 28th of August 2025 to provide a statement to the House.

The committee requested for a response and appearance before the committee of the county executive committee member for Health and sanitation in the company of the chief officer and other relevant officials on 23rd of October 2025 at the assembly presence.

The response was delivered to the Office of the Clerk of the County Assembly and consequently to the committee. The CECM Health and Sanitation accompanied by the Chief Officer and the director appeared before the committee on 25th of August 2025 at 10a.m and provided a reply to the committee as follows;

Question 1: The procurement process, advert, evaluation report, professional opinion and award

The above mentioned documentation were provided and interlocutor by the committee. The suppliers were invited through e-sourcing that is open national tender in line with the Public Procurement and Asset Disposal Act 2015 Part 6 Section 92 and Subsection F where tenders were advertised on the IFMIS portal on 22nd of October 2024.

Two bidders participated in the bidding. The evaluation was done on 12th to 17th of November 2024 and MS Malewa Limited was recommended after meeting the requirements stipulated. Evaluation report was compiled based on the bid's information submitted. Then after a professional opinion was issued, an award was issued to the winning bidder.

Question 2: The names of the directors of the company that won the tender to construct the maternity wing, CR6

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The executive committee member gave the response as follows. The details for the directors from register of companies evident by CR12 were provided and interlocutor to the committee.

Question 3: the BQs of the project

The BQs were provided; the project had bills of quantities generated for proposed construction works for maternity wing for various scopes of work, BQs works, electrical works and septic tank.

Question 4: Provide the project agreement for the project

The project agreement was provided and discussed by the committee. A contract was signed between the client's Department of Health and Sanitation and the contractor, Malewa Limited.

Question 5: Status of the project and how much has been paid to the contractor

The executive responded thus, that the contractor did site clearance and no other works have been undertaken.

Question 6: Explain why the project stalled

The response was thus, that the contractor appeared on the site without giving any formal communication or notice.

Question 7: The action taken on the contractor for failure to adhere to timelines to be led in the contract agreement

The department has instructed the project manager to prepare documents for formation of the contract, for termination of the contract in line with the procedures of procurement. A communication to that effect was provided the committee as evidence.

Question 8: Measures the department has put in place to ensure the project is completed

The project was earmarked for implementation in the financial year 2024/2025, which has just lapsed and with the advent of accrual accounting, the funds will be carried over the current financial year 2025/2026 during the supplementary budget. So the owner of the statement was satisfied with the response provided by the department and the owner is here. Maybe he can give an opinion.

Mr. Speaker: Thank you, Hon. Makari. Hon. Francis Chemion, you are the owner of the statement. You could confirm if the response as indicated by the chair of the committee is satisfactory or not.

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Hon. Francis Chemion: Honourable Speaker, I have looked at it and most of the areas that I wanted answered I can say 90% is correct. 90% so it is an A.

(Laughter)

The 10% that I wish the committee does...

Mr. Speaker: It should be now 99% because the 1% is always meant for ink.

Hon. Francis Chemion: I want them to follow up to ensure that that project proceeds.

Mr. Speaker: Thank you, Hon. Chemion

SUMMON

It is notified that pursuant to Order 55(1)©, the County Executive Member, Chief Officer and County Director for Health and Sanitation, Finance and Economic Planning and Medical Superintendents for Bungoma County Referral Hospital and Webuye County Hospital to appear before the House to respond on the functionality and management of Health Management Information System, HMIS, in Bungoma County.

Mr. Speaker: Honourable Members, as you are all aware at the conclusion of the motion last week on Thursday, there was a proposal to have some amendments be done on the recommendations. Some members had stepped out, so we have some amendments in those recommendations. When you have the report on your gadget, it's having some amendments in terms of the recommendations.

The argument was simple. If the system is not functioning, why do you want to install it in the remaining facilities?

When we were discussing, it came out clearly, basically, it would be futile for us to have the Chief Officers of the departments here, when the owner of the system is absent, we also invite him to appear before us, he was paid 32 Million for installation, so we need him to be here.

Look at the report that was done by the committee that was moved by Hon. George, where we had the challenges in various hospitals, outpatients, the pharmacy, the laboratory especially you have gone for malaria, and then you are told you are having meningitis, then you treat meningitis, but

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you are having malaria. As they are coming, ask those questions. Are we together Members? Just look at the report that was discussed in this Assembly in your gadgets. I can send it afresh on the plenary wall, which is having amendments, Majority Leader, I think you had a copy, you can share with them, I shared with you. We can have them come in, and we are not in a hurry.

(Executive are ushered in the House)

I was just imagining that the CEC, the Chief Officer and the Director of the Department should be next to each other for consultation. I can confirm before us, we have our CECMs for Finance, and Health, Chief Officers for Finance and Health, and then we do have the Director for Health and Medical Superintendents for County Referral Hospitals for Bungoma and Webuye.

Let me hear from the CEC - Health and the Chief Officer on the whereabouts of one individual by the name Carlton Hussein Wanga, one of the Directors of Jumbo Soft Technologies Ltd. CEC for Health, I think you are the best person, or Chief Officer to confirm the whereabouts of one Carlton Hussein Wanga.

CECM Health (Chrispinus Barasa): Mr. Speaker, I think he has been around.

Mr. Speaker: We need him here, as part of the people to answer queries from Honourable Members. Carlton Hussein Wanga should come inside here.

(Carlton Hussein Wanga is ushered in)

I think now we are complete. Thank you very much CECs, Chief Officers, Directors, and Medical Superintendents of the two hospitals, and equally one Carlton Hussein Wanga Director and Shareholder in Jumbo Soft Technologies Ltd.

Arising from the report of Health and Sanitation that was approved on 11th of September, 2025, 2.30 p.m. session, and I hope you have that report. I shared with the CEC for Health the report that was approved and the Members are having issues. I'm sure members moved in your facilities, that technology in use for revenue collection and I allow Members to ask questions.

Before that, we do have the general challenges experienced by the facilities, except the ones which are yet to be installed with the system, that's Kabula, Mt. Elgon, Bokoli, and Sinoko. So I'll ask Members specifically, we want to have a response from the CEC and Chief Officers for Health

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because it's Finance which was behind this installation. We also want to hear challenges faced by Medical Superintendents of the two hospitals in revenue collection. We are going to hear Mr. Wanga, the owner of the technology.

I think we will be asking questions in turns, and let me say that we are not in a hurry. If it gets up to 1:00 p.m., we will extend our sitting until we exhaust all issues. Let's proceed. Majority Leader, you will start.

Hon. Joseph Nyongesa (Majority Leader): Thank you, Speaker. First, let me also welcome our visitors who are the CECMs in charge of Health and Finance.

Mr. Speaker: Honourable Members, before you proceed, I think they are having the Director of ICT out there. Let me allow him to come in because of some of the technical issues, he will be able to clarify. Proceed Majority Leader,

Hon. Joseph Nyongesa: Thank you, Honorable Speaker. Indeed, we are happy that we are having the whole team at least to assure us of the efficiency of the system. We want also to appreciate the Committee for Health who went around and came up with a report.

I don't know if this system was tested and approved before it started working and who were in charge when it was being tested.

Mr. Speaker: I don't know whether the CEC, or the Chief Officer for Health to respond on the issue of the testing or the Director, so that we know how to proceed. The department which did the request for revenue collection, and the user is the Health Department, so you have to agree with the response.

Hon. Sudi, what is the issue?

Hon. Isaiah Sudi: Mr. Speaker, the ICT person can now tell us if it was tested, because it's the technical person who can advise. I'm very sure they must have tested and advised that it is possible. So, it's good that the ICT person is here, and he can tell us whether it was tested or not.

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Hon. Meshack Museveni: Mheshimiwa ningependa kabla hatujafikia mtu wa ICT, lazima twende mahali penye watu walimpa kazi, sababu mimi ukiniita nifanye kazi kuna mtu mwenye amenileta nifanye hiyo kazi. Ingekuwa vyema waziri wa Fedha ama wa Afya mmoja wao aseme ndio tujue...

Mr. Speaker: Wait, Hon. Luseneka

Hon. Antony Luseneka: Honourable Speaker, in this House, we have the supplier, we have the user department and we have the client which is Finance. So, I think the request came from the Health Department, requesting for the system and the person who is now the client that procured the system was Finance and the supplier is Jumbo. Maybe if we can understand the intention of the user department, what did they really require? From there, the procuring entity, that is the client now, the finance department. Did they request or procure the system that was required by the user department? And now to the supplier, did he supply the system that was requested by the client? Which was also requested by the user department? From there, now we can understand if what was requested is what was supplied.

From where I sit, before the supplier or the contractor supplies or installs the system, first they have to train the user department, the personnel that are going to use the system. If satisfied is when now the implementation starts. So, was that procedure followed or not? Once we understand, we'll be able to handle the questions that will come thereafter.

Mr. Speaker: I think that guidance from Hon. Luseneka is very clear, that we have the client, the user, and the supplier. Let's hear from the user department, then we will be able to hear from the client, then we go to the supplier, then we will be able to open up the forum for people to ask questions.

Mr. Speaker: Hon. George, what is the issue?

Hon. George Makari: Honourable Speaker, maybe to commend what Hon. Luseneka has just said and which is a correct position. As the user department comes in to respond, I want to know if there was anything wrong with the system that existed, before you came to us and said you had the intention to install now the new system. If there was any problem there as she comes in, we begin with what Hon. Luseneka has said, was there any problem with the previous one that informed migration to the new one.

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Mr. Speaker: CECM and your team. I think it is your time to respond.

Hon. Sudi, you are out of order.

CECM, please, proceed.

CECM Health (Chrispinus Barasa): Thank you, Mr. Speaker. I want to read the requisition that we did on 12th September, 2023; reference is requisition for procurement of Hospital Management Information System and corresponding hardware. That is the requisition which was written to Chief Officer Finance through the Chief Officer of Health by County Director. It reads “*The Department of Health and Sanitation is in need of a unified Hospital Management Information System (HMIS) to be used in all Level 4 and 5 hospitals across the county. The purpose of this letter therefore is to request for the same to be procured in your department to help us in service delivery and hospital management*”. Attached please find the technical specification for the same. So this is the requisition that was sent for this purpose.

Mr. Speaker: Let's hear from the Finance, Hon. Tony hold on first. If I allow you then we will never move. Just note down your query. I will permit you later.

CECM Finance (Ms. Carolyn Makali): Thank you, Honourable Speaker. It's true that an intent for an HMIS system came from the Department of Health and attached is the specifications for the system and server that were done by the user department and among the characteristics of the system, they requested for a web based system which is simple, easy, reliable, secure, flexible and maintainable and they also requested and gave a clear module of what the system was supposed to have.

I have attached requisition in the file that I submitted. When the Department of Finance received the requisition, a letter from Chief Officer - Finance for an inquiry for verification of the previous assignments undertaken by the vendor in question which is Jumbo Soft Technologies Limited was done. A verification team was formed to visit those Counties that the same system had been installed. The team was led by the Director Health Mr. Caleb Watta with Metrine Chonge and Rafael Kevin being members.

Mr. Speaker: Hon. Tony.

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Hon. Tony Barasa: Thank you, Honourable Speaker. Arising to the report of the Committee, we wanted some valid concerns that indeed they procured the HMIS. Is it working, that is the main point that we want the department to clarify? From the report 2.1 they are saying that the department contracted, this contract was signed on 15th January, 2024 and the same report is saying implementation started in February 2024 that is barely one month after it was contracted. If you go to 2.2 of the same report, the department agreed that they have challenges; one of the challenges is Health Records and Information. The department agreed that this system in Health Records and Infrastructure had some challenges. They also agreed that the outpatient registration and pharmacy has challenges. So if the vendor and ICT experts are here, when you procured this thing on 15th of January, 2024 and it was implemented a month later. Did you test it and did the vendor provide the required skills to this various hospitals *ama ni kama lazima yeye aitwe...*

Mr. Speaker: Hon. Tony, proceed but you know what I am after.

Hon. Tony Barasa: I thought we are in *Kamukunji...*

Mr. Speaker: Make no mistake about that.

Hon. Tony Barasa: Sorry Honourable Speaker. So those are the challenges I want them to clarify because in that contract, they said that the vendor should or the consultant is required to provide professional skills, personal technical and seamlessly integrate to the county. Did he do that?

Mr. Speaker: Hon. Ipara, then I will allow the service provider to answer some of this questions before I come to Medical superintendents who are having those challenges. I will hear both because the system is in all wards except Kabula, Elgon, Bokoli and Sinoko.

Hon. Johnston Ipara: Thank you, Honourable Speaker. This is a major challenge and people should take it seriously because the County government is losing a substantial amount of funds that we require for service delivery. The first thing I have heard one saying that the requisition was received from a unit called ICT. Is ICT an end user, the answer is it is not the end user. The question to be answered. Did Finance receive a requisition from the Department of Health that is a substantive...

Mr. Speaker: Hon. Ipara, just to correct you, when CEC - Health said the requisition came from Health department, so I think you heard something else.

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Hon. Johnston Ipara: We also hear that it is the ICT according to the Finance that initiated that. We want to see that letter presented before you for verification by this House, and it should not be taken for granted because this is a serious matter.

Secondly, in which department did the budget for this procurement appear? We want to hear that clearly because the budget informs the procurement process. Where was it and if it was in a different department was that department the end user of this particular item that we wanted to purchase.

Thirdly, kindly inform us as stated by Hon. Luseneka and Museveni that we are now moving out of the old system to the new system because of the following reasons. If the reasons were not there, is it because the money was available and you wanted to create work for somebody.

If that is answered then we should also be told how secure this system is. Are passwords encrypted allows one person to access the system or it can be done by anybody else. If it can be done by anybody else, does it give us what we intended to, in terms of storage. Is it able to keep the information that we want. For example, today you walk to the Referral Hospital as a patient, your details are taken, tomorrow if you visit again, are you able to get that information as it was and if not, is it the right thing that we require?

Mr. Speaker: Honourable Members, kindly consult in low tones please. Proceed...

Hon. Johnston Ipara: Thank you, Honourable Speaker. I did also hear that this particular contractor was supposed to carry out this similar works across not more than 12 facilities by the end of the contract period. How many facilities were done?

Lastly, capacity building. Immediately you install a new equipment; you are supposed to build capacity of those that will be able to make that equipment workable. Was it done and if it was not done who was supposed to use that equipment?

As I finish, I want to know who ordered the equipment, who supervised the installation of the equipment and at what stage did we accept that it gives us the service that we require? I submit.

Mr. Speaker: Thank you, Hon. Ipara. Honourable Members, I think everyone has the report on the gadget. Let's discuss the efficiency of the system. The issue of procurement, I am having the entire file and paperwork that was done. The problem we are having here is the issue of the

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efficiency of the system and data of the patient going for treatment, so I think those are the issues that we are supposed to ask.

Hon. Ken Wanyama, proceed.

Hon. Kennedy Wanyama: Thank you, Honourable Speaker. I have two concerns. My first concern is for us to go digital. The main driving reason should be and specifically for the department of health should be to increase revenue. So I fail to understand why after installation of this system, revenue seemed to have gone down. So we need some clarification there. Why has revenue collection gone down despite having this system?

Secondly, as much as we talk about efficiency on procurement matters, I fail to understand why the user department did not do procurement of this system. Why was procurement done by Finance.

Mr. Speaker: I think the owner of the system to respond on these issues because he has been briefed that the system is having lapses, where when you go to the hospital today, your data is captured, when you visit again, your data is no longer available. On diagnosis, you go there with malaria and then they tell you, you have meningitis. Let us hear from members because we have spoken about those issues during the discussions. Hold on Hon. Mulongo, let me give the Mic to Service provider that's Mr. Wanga.

Director Jumbo Soft Technologies (Carlton Wanga): Thank you, Mr. Speaker Sir. Please allow me to reintroduce myself. My name is Carlton Wanga, I'm a Director at Jumbo Soft Technologies Limited that was contracted in February of 2024 to undertake this assignment. I will try to give a brief background of the undertakings of how we approached it in relations to the questions that have been raised by the various members.

On the onset of the assignment, we were guided accordingly by the Department of Finance and that guidance came with a formation of a taskforce that was to guide us during the process of the installation of the system. So the guidance included helping us understand those facilities, get a good discernment of the required specifications that were needed by the department. Some of the very key ones is the issue of integration making it possible to share patient data across various facilities.

Number two, which was a shortcoming of the previous systems, there is clarity based on the initial feasibility study that we undertook. Most of these facilities do not have HMIS installed and if you

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allow me, I will just mention in brief: Bungoma County Referral Hospital which in our initial history was using Fun soft system same as Webuye and Chwele. The other places like Kimilili and Bumula were using another solution which was called Kenya EMR and at the time of installation the other facilities did not have solutions at all.

At the time of the installations of the system, one of the major challenges that we were told is that there was also no integration for aspects of reconciliation to M-pesa or the various banks. So most of the facilities were collecting cash; you go there pay cash and get the service through the system. However, one of the key mandates that we were given was first and foremost to carry out integration, so that whenever a patient makes a payment to M-pesa or bank, it reflects to the system. And in that case we were expecting to see revenue growth around managing how finances are collected. And true with the support of Medical Superintendents in Bungoma Referral Hospital which I will use as a benchmark, we were able to transition from cash to fully cashless in such a way that all collections are done through M-pesa or bank and you could not key in any reference manually. They automatically reflect in the system.

So another key requirement which we were guided upon by the project implementation team was the aspect of integration to Lab ware. This was a bit different from other sites where we had installed the system. To give a bit of a background; we are a solution provider that has also offered this solution to other counties, some of them are operational and the team that was sent out to benchmark went I think to Busia, Narok, Kirinyaga and Nakuru to see how the system is working. So they were various specifications that were a bit different and unique to our solution to this County. So one such requirement was integration to a system that had been provided a laboratory system that had been provided called Lab ware by I think the support of the CDC and various donors. So that was in part of that undertaking that we were expected to pursue.

So based on those technical required specifications, our next step was to carry on what was called as the User Acceptance Test. Since this is a solution that has already been available it also encompasses part of training where we sit down with various users. We had various sessions with key stakeholders and we documented them with various attendance sheets including Medical Superintendents from various facilities. We had three or four session before rolling out the solution. We also had a series of meetings which were facilitated as part of the contract with the project implementation team which encompassed of six members and 4 co-opted members making a total of 10 members who guided us accordingly by reviewing the solution and giving us a go ahead with proceeding to implement the system, which encompassed our system testing phase and

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approval. So we have relevant documentation around attendance sheets and reports that I will also provide to this Honourable House in relation to that phase of system installation.

So after that we then commenced with installation around the facilities. Our first mandate was also to provide hardware which was just servers and 10 desktop computers. The specification of the servers were very clear. We reviewed them based on the intention that was required by the user department and our feasibility study and we are in agreement that the server specifications that were provided were in accordance to the needs of the department.

So, there is an Honourable Member who had raised a concern around storage and speed of the system and I can confirm that the server specifications that were provided; we were required to provide 7 servers that met the specifications required.

So the first challenge that we encountered was the specification that required us to provide 7 servers but the number of facilities that were supposed to be installed were 12 facilities. So we had a deficit of 5 servers; that a server was a very important component of with installation of a system.

The second challenge that we encountered greatly was the issue of power. So most of the facilities but around 4 did not have stable generator where every time the power goes off, we have a standby generator that would pick up the load. A facility like Bokoli we had a challenge where we were there for a week but there was only power for one day during our installation process.

The other major challenge that we encountered was issues of networking. For this system to integrate and meet its core objective, it has to communicate. So just as I have seen this building has been set up, you require to send information from one point to another. I can give an example when you go see a doctor in the consultation room, all they need to do is to send a request of the tests so that when you get to the laboratory, the tests are already there and the system will be billing you automatically so that there is no manual billing on how much you are supposed to pay for those tests. For that to be possible, there needs to be communication between the two computers, same as Pharmacy, Inpatient and across the entire facilities. So there were a lot of networking challenges across the facilities and networking was covered as part of the scope of contract. We consulted heavily and with the project implementation team this was included in the first report that our team submitted in relation to the challenges that we were facing in the ground around networking. They provided some degree of assistance and we helped each other carry on networking to a certain degree in various facilities; that involved providing switches, routers as well as cabling infrastructure facilities such as Bumula and Mt. Elgon to overcome that challenge.

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So upon completion of that assignment there was also the aspect of internet connectivity as part of our objective of trying to improve revenue. One of the challenges we were told is a patient is referred from Kimilili to Bungoma referral as they move from Kimilili they have a bill of Kshs120,000. Upon getting to referral, there is no communication so that you start charging a patient. From that point that now required networking beyond local area network.

Number two to improve revenue growth, there was need to have dashboards that would monitor wherever you are in your office, let's say the CECM - Health and Finance; they are able to monitor in real time what's happening in various facilities. For you to get that degree of integration, you require internet connectivity. Most of the facilities, including at the moment, at that point, Bungoma County Referral Hospital, had very unreliable internet connectivity, but of course the Medical Superintendent stepped in and tried to look for solutions around that.

Very few facilities have reliable internet connectivity, which unfortunately was not part of our scope. So there were a lot of challenges when we started and I know that trickled down to bringing a number of concerns and challenges.

I will try to focus on them in relation to the report that was shared by the Honourable Members; for example; on periodic system downtimes, where you find there are situations where electricity has gone down, and there's no backup generator to support the system. So the system goes down. It will take a while for the server to start up, and that will bring some challenges around queuing and many other aspects.

The second one was an issue around also training; we dispatched staff around various facilities, and we started by conducting training at every facility before rolling out the solution. I will give an example of Bungoma County Referral Hospital. We were guided by the Administration to carry out training for a period of two weeks. We envisioned to train at least half the staff, and around that time there was an issue of nurse's strike, but as per our attendance sheet, turnout on training was less than 10% across the entire County in terms of staff who showed up for training. So we have attendance sheets for those staff that we trained. In addition communications and memos were sent by the management to various facilities for staff to be trained.

And of course we understand in the health sector there's an urgency in terms of patient care and priority along those lines. So we also try to conduct training on job where as we roll out in a particular department, we would have our team there, for example in Bungoma County Referral

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Hospital, I have dispatched five members of our team there full-time. They are available to offer training to any department, though as of now we have not received any specific...

Mr. Speaker: Mr. Wanga, you are on HANSARD. The more you move away from the handset, my system can't record you. We'll be reviewing what you're saying, so be near the microphone please.

Director Jumbo Soft Technologies: Apologies, Mr. Speaker. So I was explaining that we had a big issue and we documented the same around staff turnout for training. So as of now, despite the fact that we showed up for training, there was a very low staff turnout.

I will also provide attendance sheets for the staff that showed up vis-a-vis the memos that had been sent by various facilities for purposes of training. So as of now, we can confirm that there's a bit of a capacity problem around staff being able to use the system efficiently and effectively, and that will be backed upon by the attendance sheets that were provided.

Secondly, I'm speaking in relation to the challenges that have been raised by Honourable Members on staff training. This is my personal assessment. We encountered a great deal of resistance and I have documentation to that effect. So let me just explain the premise and context of my sentiments. For example, one of the objectives of the system was to improve revenue growth and to protect your stock within the facilities, so that drugs go through a very clear, straightforward process. You cannot for example; just issue a drug to a patient and that drug has not been issued. It requires a level of reconciliation, where you reconcile and you have to go through three or four processes.

Despite our presence there, users would ignore completely all the processes that are required to be followed to return the drugs to patients, so that stock and inventory management is seamless. So we would be in a situation where whenever we are in a consultation room, the consultant is using the system. When we leave, they are not using the system at all, because for the system to work seamlessly and to produce reports, every point has to go through the system.

For example, if you send someone to the lab and you still are offering a lab service in various facilities, you will find patients are sent to the lab, but the lab technician does not post results through the system, they write it down on paper. So I cannot confidently say whether this resistance was as a result of trying to look for various revenue loopholes that could be exploited, but I would request that this House also support us and carry out further investigations around the level of support that we have been receiving directly from users of the solution.

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The other major challenge that has been clear, and I will serve this as a response to the House, especially the sentiments that have been shared earlier. I agree we are facing a myriad of challenges beyond hardware, also in terms of process guidance. A system cannot be a solution to every issue. There has to be very clear process guidance. For example, if a patient is to be waived, they are not able to pay completely. Who are those people, or is there a committee that's meant to review it, and who are those people that are meant to approve the process before it gets to the final end. If I do not receive that guidance correctly, we may not be able to actualize that process in a way that will be seamless. As Hon. Tony earlier suggested, we have had a major challenge in terms of getting clear process flows on guidance, even if they are manual processes. If this is the waiver, if a patient is supposed to return drugs, if we are supposed to document notification of birth, if you are supposed to do a referral from facility A to facility B, and there's been no documentation around those processes that have been given to me.

So for example, if you are told the process is too lengthy for returning drugs, you are a system developer, let's say a system analyst. There's been no guidance whatsoever to tell you this process one, two, three which are unnecessary, or why have you included these processes. You may not be able to proceed beyond where you are at that point.

If for example you are told the waiver process is challenging, how would you have wanted it to be, and does it conform to the first of all specifications of the Law, and also guidance on various acts that have been passed around health care? And most importantly does it also abide by processes that would help increase revenue? Because that is one of the key targets. So you'd find we are sometimes very confused, but I am very grateful of this opportunity to stand before this Honourable House, because I'm in great need of assistance in terms of guidance on how best we can structure the process of dissemination of requirement specifications, and also as the report clearly stipulates, we would also receive feedback on how we can correct those challenges that have been identified.

For example, if a challenge has been raised that drug dispensing or returning drugs is difficult, how can we go through this. From our side as consultants, we are willing to have detailed sessions with key stakeholders to receive guidance. Where we will sit down, review each issue at a time, document it well and take corrective measures if required. Because this is probably something that will come out and I think it's important for me to bring it up, is the aspect of payments that have been made to this. In the spirit of transparency, I would wish to be very clear that the contract sum for implementation of this assignment was meant to be 63 million for the entire undertaking. That includes supply of hardware, implementation, training, as well as a level of support, six months

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post-implementation support, it would cover all our staffing costs. We raised a payment request after undertaking the assignments and installing the system in five facilities, a 50% request, which was reviewed by the project implementation team, and we received a payment of around 32 million plus VAT, and that was one year and three months ago, and up to now, we have not received any additional payment to that effect.

So there have also been challenges in terms of service delivery and support, because of the financial challenges, despite the clear milestones that had been laid out in the contract specifications. So I hope I will be able to address key concerns that have been raised.

Mr. Speaker: It's when you are starting, where I sit, in a normal Court, you are declared to be a person of interest. Before I allow Hon. Aggrey Mulongo, you confirm that you only trained ten per cent of the staff, then you roll out the system for use in the facilities. The staffs are saying they were never trained. If they were never trained, then you rolled the system out. Who was to implement it?

We also want to know from you, how many officers are you having on the ground? Because I'm told that if you have a challenge in Bumula, and you are in Tongaren, you must physically move from Tongaren to Bumula as patients are waiting for you to arrive to correct that problem.

Hon. Aggrey, proceed.

Hon. Aggrey Mulongo: Thank you, Mr. Speaker Sir, for giving me this chance to ask some questions. Why did we buy this machine? Number two, I have heard from a person who is supposed to give us a leeway, he is here complaining about the department. Is this machine operational or not? If not, why? A man who has just been on the floor of the House has talked about the resistance. Who are these that are resisting? You have not mentioned anybody who has resisted. Is it the department or who? You have been paid some money 32 million and 30 million is remaining, why did you not train staff? Where is the complaint letter, that this is the letter that was written for staff to be trained? And they did not turn up; we don't want verbal response.

If people went out for benchmarking to different counties, what did they come up with? If it's not functioning, why have they not allowed this House to come up with another resolution to see that it's not functioning? Or if they went out, those Counties, is this system functioning in those other Counties and if it's not, that's waste of money. I'm not happy with the system.

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What went wrong with the first system? It's just like NHIF and SHA, that is disturbing us? Why can't we have gradual implementation of all these things? Why are we rushing? If it is interest then let us talk about interest. But this is wrong. And if it's not operating, where are we heading to.

Mr. Speaker: Hon. Jack Wambulwa.

Hon. Jack Wambulwa: Thank you, Honorable Speaker. First of all, may I appreciate the executive together with the contractor for having appeared today?

I stand here as a victim of this HMIS system because I'm a client of BCRH in most cases. This system has always put me at loggerheads with the department thinking maybe the department is not doing its part. But having followed up and being a Member of Health, we have been going around. For the first time, I'm meeting the Director called Mr. Wanga, but while in the field, with all these concerns that have been raised; he has never appeared before, other than the last meeting that we had in Eldoret.

He was one of the presenters, but it was a short time. We didn't engage with him. I want to ask Mr. Wanga, now that he is on HANSARD, are you the Director of Jumbo Soft? If you are, how many directors are you? What are your shares? I want that response.

Number two, which are the other facilities that you have previously undertaken and are performing so well than even Bungoma? Tell this House the Counties that you have previously worked with and performed. Because I remember one time somebody mentioned Busia, when I followed up and was told it was cancelled midway because of the mess that was happening.

Number three, did you ever organize for training with our ICT staff across the County? Because there is an ICT expert in every facility. Did you ever organize for training for these staff? For how long and where was it held? I want to get that clear answer.

Finally, I want to put it to Mr. Wanga that as a Health Department, we have failed terribly. I'm trying to compare, the current Jumbo Soft with the previous system. We are lucky to have the two Medical Superintendents for Bungoma and Webuye. Webuye is one of the facilities that rejected Jumbo Soft; I want to confirm that Webuye is doing so well in matters revenue. Why is it that the old system working better than the current Jumbo Soft?

He has not told us about network; network was the problem across the County, because in all facilities we were told that they have network failures. They have to call for his team to come and

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intervene, and I expect him to tell us more about his manpower. Does he have two staff? We met two young men, one in Tongaren and another one in Kimilili, there is no other staff that is on board to intervene whenever we have an emergency. What is his manpower? And who are these staff? Where are they stationed? Because we only have those two and it has been a challenge for even them to move around.

Mr. Speaker: Hon. Jack Wambulwa, on the issue on of manpower, I have asked to avoid repetition. We move on.

Hon. Jack Wambulwa: Thank you, Honourable Speaker. I was just stressing on the same. Otherwise, as a County we want to see services delivered. Let's not be at loggerheads with the executive because of a single contractor. We want to confirm today that if this contractor has the capacity or if he doesn't have the capacity, we have a way forward.

Mr. Speaker: Hon. Joseph Nyongesa, proceed.

Hon. Joseph Nyongesa: Thank you, Mr. Speaker. The report that we are having from Health committee is actually for us this House; this system is a scam, because it wasn't functioning and the report is very clear. I don't know if maybe the supplier was also given the same report. The report came from the department and the hospitals where the committee was visiting.

From the explanation from the supplier, I'm seeing there is some slow resistance from the department. The CEC - Health who is a former CECM for Finance wrote us a letter saying that we had a requisition from the user department and from the explanation from the supplier of the system is that the department again resisted slowly, showing that there was no acceptance, which need to be looked critically in this House. So my key question now to the department is, you requested for the system, the Finance department procured for the system then the trainers did not attend the training and again the department moved forward to ensure that the system is installed. Are we fair to the people of Bungoma, because if the training was done 10 per cent then that means may be three or four people were trained? But now the supplier is also showing that actually he wanted maybe to offer services to us, you had seen that resistance was a challenge at least what we could have done was also to go slow or stop so that we ensure that actually what we are supplying will be of good help to the people of Bungoma.

Reading the report that the patient has been discharged but in the records it reads active, maybe the patient has died and the body is lying in mortuary but the system is still billing that patient. So

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which kind of this system is it? And who are operating this system? To us as a House, now that we have known that it is a scam, the best way is to investigate the supplier and the department.

You are not trained and you are operating the system, do you want people to die? What is your intention, I think that this is the reason why I am burying almost ten people per weekend. Because if the wrong diagnosis results are coming out of the system, why should we continue using it?

Mr. Speaker: Hon. Catherine, what you are doing and I think you know what I will do. Hon. Nyongesa, proceed

Hon. Joseph Nyongesa: When you want to do some business with the County, you should also be around to see whether your system is working efficiently or not.

In our budget we have some money set aside for maintenance of the system which is giving us wrong results but we are paying for maintenance.

Lastly to the Department of Health, they should get this report but it is their report because the committee was just transmitting to the House what they found out in the system. What have they done? Because we are dealing with people's lives. Forget about the issue of revenue better save the lives of the people, it will be better, but if the system is transmitting wrong results then *Waziri* Health what shall we be doing?

Mr. Speaker, after this discussion at least we should have a resolution, do we still need this system or not. Personally I say we better put it aside because we have some slow resistance from the department of Health.

Mr. Speaker: Hon. Vitalis Wangila.

Hon. Vitalis Wangila: Thank you, Mr. Speaker. If my memory serves me well, the so called Wanga this is my third time meeting him. The first time I met him, he was a consultant of the system. The second time, he was still a consultant convincing us how this system is good for the County and today I am meeting him as a Director, the owner of this system. So I am becoming worried if we started at a wrong note or not.

When we started CECM for Health said that they requested this system from the Department of Finance of which the CECM for Finance actually acknowledged and accepted that they received a request from the user that they wanted an accurate and simple system to be used by all the

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facilities. So my question is was the system that was supplied simple and accurate? That's my question, and if it was not simple and not accurate then how can you continue using it?

Mr. Speaker: Hon. Job Mukoyandali.

Hon. Job Mukoyandali: Thank you, Honorable Speaker. Most things have been addressed by the Leader of Majority. But I want to remind him that in Kenya Kwanza, they call it bottom up, where you are moving from being a consultant and eventually you become the owner of a system, it's called bottom up. So he is only trying to practice what we call bottom up system. I think he's doing it in conformity with what the current system says. Members, one thing we have to agree here is we can go in circles but one thing is clear that the system is not working, and it has failed this County.

To the Director Jumbo Soft, initially I was thinking these departments are the ones who are failing us, but after having listened to him, you have been paid 32 million, then you have only trained ten per cent of the staff. The money that the vendor received for training, we also look at it. By now he should have trained over fifty per cent of the team. But the vendor should tell us if the system is working or not and if not then he should give us the solution. In his address, he was telling us to go and that we need to give him ideas on what to do. When you are the owner of the system, you can't come here to ask me, I come from the village and do not understand anything about the system; you cannot come here to ask me to give you a solution to a system that you provided to this County. So let him tell us whether the system is working or it's not, keeping in mind that this House already knows how that system is behaving.

Also let him give us the solution so that we do not take a lot of time on something that we can conclude in a very easy way. If he is unable to sort out the issues within this system, let him tell us that he's unable to do it, because it has been long overdue. I want to borrow in what the Honorable Majority has said; that Webuye is collecting better than the facilities that this system has been installed. So he gives us the answers. Let him know that we are aware that the older system was working better than this one.

What does he need to put this system in a better place to serve this County? Look at the time limits; he talked about the time limits which he was supposed to hand over this system to the County, and from what he has said that he's still working on the system. He ought to have given us this system fully six months after it began working, but we are talking about almost two years down the line,

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the system still has issues. So let him give us the solution. Is he unable to work on the system, or what does he want us to help him.

Mr. Speaker: Hon. Sheila,

Hon. Sheila Sifuma: Thank you, Mr. Speaker Sir, for this opportunity to just raise my concerns. I want to know between the Department and the Consultant, who is the expert of IT, because from how he's explaining, most of the problems emanate from the department. Challenges like no show of people to be trained, goodwill, lack of procedures during waiver issues... Most of the issues he has raised are departmental issues, and right now we are discussing the Health Information System, so who is the expert between the two of you?

The Consultant has said he has been paid 32 million, what are the deliverables for this 32 million? Because you can't just say everything is not working, or from how you're explaining, everything is the problem minus your system, and the reason we are here in the first place is the system. So we need to know what the deliverables for this 32 million are. And then there's a concern about users not being able even to log in to the system. From my small experience, actually I had to consult the IT expert, Mr. Bosire, just to make sure my thoughts are aligned. You know there's something called user experience, and most Members here, no one taught us how to use Facebook or Whatsapp, or online Internet issues. When you interact with the system, there are basic things you learn, like logging in. I don't think logging in needs to be trained, and I remember it was a challenge even when it was being read, and then change of password, and then they were saying one doctor cannot be able to see what the other did on the other end. Those are basic user experience issues.

What was the PRD? Because maybe we are crucifying you, but what are the requirements from the department? Because for a basic hospital system, are we even ten per cent, minus all the problems we have in Bungoma, what are the basics for a basic healthcare system? You have said that most places in the County have network problems. Was feasibility study done before you went for this job? Because you must have known what the problems you are coming into. You knew this is not Nairobi County where there's network everywhere. So we want to understand, if you did feasibility study, you can't come and tell us how network is not working. This is era of Elon Musk and Star link where you can put internet even in the bush.

In terms of duplicate patient records, I don't know the exact IT name for this, but I think there should be a unique identifier for every patient. If it is the ID number, for example, if you go to

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Huduma Center, or even just log in on the e-citizen platform, if I put an ID that is not mine, it will not work. In this case, what is the unique identifier for this system for patients? You can't just say it's because the staff are not trained, so there's duplicates in the system. That is a very flimsy, lazy answer, because what is the unique thing about every patient? Because if everyone has fingerprints, can you use their fingerprints, then there is something we can use that is unique to each patient that will enable us to get rid of the duplicate records, unless it's a scam which I think the system was listed from the beginning.

As I wind up, there's something you mentioned about servers, and you said he had a shortage. They said they gave him seven servers instead of twelve. Even for the Presidential election, we just had one server. I think the question we should be asking, what is the specification of these servers, because if you have seven servers for twelve facilities then you have more than enough. Because you can just have a main server that is carrying everything, the one that you can buy maybe expensively that it is a home and mother server. In case anything else fails, we have this one maybe in Bungoma Town and then some others on the support. Unless you buy a 20,000 laptop and you tell us you bought it at 500,000 and it can't support most of these things.

Lastly, I think there's a member here who mentioned something about SHA. I just want to pick something, that there a clinical decision tool that is being implemented where it can align prescription to the right medicine. So that whatever prescription you have done as a doctor and the medicine you give have to relate. That is where the Country is going and as you are still complaining about we don't have internet for the system to work, this is a very sad state of affairs.

As I wind up, I think we need to borrow from best practice from the Counties that have succeeded; because I have heard one of our board members has mentioned that Busia has failed and yet it's where we are benchmarking from. Can't we benchmark from where it has excelled. I think the consultant either has to be surcharged or he has to explain more about the system, not about the department. We have heard about the departmental problems. The department will defend themselves about how the system is functioning.

Mr. Speaker: Hon Allan Nyongesa, today the energy of Hon. Aggrey Bosire is a bove board.

Hon. Allan Nyongesa: I'm sorry, Mr. Speaker

Mr. Speaker: We heard from Hon. Aggrey. We have two groups; user department and Medical Superintendents, let's hear from Webuye, if they are having the system and whether it is working or not, then we hear from Dr. Kisaka from Bungoma and lastly from the ICT. Then we will come

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back to you Hon. Members. Hon. Sudi, from the onset, I said we are here up to one p.m. we are not in a hurry.

Medical Superintendent Webuye (Dr. David Wanikina): Thank you, Honourable Speaker. My name is Dr. David Wanikina, the Medical Superintendent for Webuye County Hospital. I would like to say that Webuye County Hospital is not utilizing Jumbo Soft as a HMI solution. When I went to Webuye, the vendor says that he had installed the solution on a server, but the server was not his. The server belonged to USAID.

And number two, there was no training that had been done at the facility. In addition, we do not have login rights into the solution that he has provided. As a Medical Superintendent, I do not know how the interface of the solution looks like because currently we are using FunSoft, and it is serving us well.

Mr. Speaker: Dr. Kisaka,

Medical Superintendent Bungoma (Dr. Simon Kisaka): Thank you, Honorable Speaker. My name is Dr. Simon Kisaka, the Medical Superintendent for Bungoma County Referral Hospital. So concerning the system, it is installed and partially working.

And concerning the issue of the training, most of our staffs have been trained. So initially, when the training started, there was a strike, but later on, we agreed with the vendor that as they come in, there should be continuous training, because given the nature of our work, sometimes there are night offs, there are those on leave. So we agreed that to ensure that enough staff are trained, then there should be someone on the ground to be training them on job.

Mr. Speaker: Hon. Meshack Simiyu, what is the issue?

Hon. Meshack Simiyu: Honourable Speaker, Daktari vile anasema ya kwamba partially means which percent?

(Laughter)

Mr. Speaker: Order Honourable members! Hon Meshack Simiyu has not imagined; we want to know which percentage of the training.

Hon. Meshack Simiyu: Honourable Speaker, in layman language is it half, quarter, three quarter or hundred percent?

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Mr. Speaker: Hon. Meshack Simiyu, he has said partially, so we are able to ask that, so you end there. We want to know that partially in percentage.

Hon. Tony Barasa, what I have been avoiding interjections. Dr. Kisaka, you will seat for a minute.

Hon. Tony Barasa: Honourable Speaker, as he answers that, Dr. Wanikina said he didn't have the logging rights. Let us also confirm from Dr. Kisaka if the system is working partially, does he have that logging rights?

Mr. Speaker: Dr. Kisaka, proceed.

Medical Superintendent Bungoma (Dr. Simon Kisaka): Thank you, Honourable Speaker. I want to clarify that there is no resistance at all from staff. So the issue of resistance is not there, because we are using the system one hundred per cent, because we can't really see a client outside the system and you can't serve the client without a password. So that means that most of our staff have login credentials and have been trained.

I think from the report that you have seen, there are challenges across all departments. So most departments in the facility have some challenges with it. The issue of waivers to the system, I think from our side, that section was not really active in the system.

It's not that we really didn't provide, but I think it's not really active in the system.

Mr. Speaker: Did you have a chance to look at the report? Did you have the credentials for logging in? Did you have a chance to look at the report concerning Bungoma Hospital, the one they are discussing here? If you don't have, be given a copy. Kindly resume your seat; you will have to come back.

Hon. Kisaka, you have said it is one hundred per cent. *Daktari*, you know when you say it's partially working, now which percentage is that. You will have to clarify that.

Medical Superintendent Bungoma (Dr. Simon Kisaka): Honourable Speaker, I'm unable to give a percentage, but there are challenges across departments.

Mr. Speaker: So can your partial be 10%? Because Doctor, you can't say that the system is working partially, to what extent? I think you must have an average; it cannot just be partially.

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Medical Superintendent Bungoma (Dr. Simon Kisaka): Honorable Speaker, currently I'm unable to give a percent but there are challenges across departments.

Mr. Speaker: Honourable members, he is going to come back. Let's allow the ICT Officer, please.

Assistant Director ICT (Mr. William Wabuke): Thank you, Honourable Speaker and members of this House,

Mr. Speaker: Be loud enough and use the Mic.

Assistant Director ICT (Mr. William Wabuke): Honourable Speaker, you wanted to find out how many of the ICT staff have been trained as regards the system. So BCRH being the main facility, we have three...

Mr. Speaker: ICT Officer, kindly resume your seat. Hon. Metrine order! Hon. Sudi, proceed.

Hon. Isaiah Sudi: Honourable Speaker, I really want the ICT person to start by acknowledging that the system is good or bad.

Mr. Speaker: He will speak for himself.

Hon. Isaiah Sudi: No, because he is an expert, we want to get from him whether the system is good or bad, which is the only way, we can understand him.

Mr. Speaker: Order Hon. Meshack Simiyu! We allow the ICT person to give the response first. ICT Officer introduce yourself, Members are supposed to ask you questions.

Assistant Director ICT (Mr. William Wabuke): Thank you, Honourable Speaker. My name is William Wabuke, Assistant Director ICT in Bungoma County. First, I want to give dimension of how many staff we have in the facilities that are implementing the system currently.

So BCRH has three staff, Bumula has one, Kimilili has one, Tongaren has one, Chwele has one, Sirisia has one and Cheptais has one. So those are the number of staff where the system is being implemented. Facilities where the system is not implemented, but has staff include Webuye and Mount Elgon Hospitals.

All the staff that I have mentioned have been trained on how to give support as pertains the Health system. On whether the system is good or bad, I will say it is good to have a system.

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As the House has rightfully raised and as captured in the Health Committee report, those are the similar challenges to the ones raised by Project Implementation Team. We have been communicating with the vendor in regards to those challenges, and we wrote reports on the same.

I believe you should have that report regarding... If it is not there, I will offer a copy to the House as a result, so that that report can also be compared to what the Health Committee of this House found.

With regards to system resistance, systems inherently have resistance. We have seen when they first introduced those members in this committee who are much older than me; initially we used to file taxes at Times Towers, just to divert a bit. We used to do it manually, then they introduced the Itax. I am sure some members had challenges. So system resistance is a fact of life when you are dealing with systems.

When this system had resistance, one of the things we were trying to work out with the vendor is where the resistance is. Sometimes a user is resistant because they are not familiar and sometimes because they don't want to use it. Where the element of training comes in, it is very important to convince the users of the system why this system is good and why it should be used. I want to just raise that because it is a fact of the way systems work.

On issue of roles in the system, each system has roles and your role is simply to give technical support. For example, you do not want to give an ICT person, let me use myself as an example. If I have a role in that system, I do not want to be given issues of issuing drugs because I do not know what drugs should be issued. So the system has roles and the roles are identified to each particular person and so you will not be given roles that do not define what you do. So various categories of medical staff have different roles in that system.

Mr. Speaker: Yes, allow us have some questions.

Hon. Isaiah Sudi: Thank you, Honorable Speaker. I really want to be told if indeed changing the system was a priority because the CECM - Finance and Health are here. I want to be informed if indeed it was the priority for the people of Bungoma,

In fact we are the only County that does not have a CT scan. We refer patients to Life Care and other private facilities and if indeed this system was to enhance our revenue base, then it is misleading. Because you take a patient to Life Care for CT scan, the patient is brought back to BCRH; the money for the CT scan will remain at Life Care. Let me be told how we are enhancing

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revenue because the top echelons of leadership of health are here. Let us see the priority of the Bungoma people.

Secondly, they have talked of lack of electricity in some of our facilities. What has the department done to address that? Because even if the system is good, how will it work in case of blackout? What are we doing with the back-up system, so that we have a continuous flow of service for our people, because you can be taken there and immediately you are taken there, then the blackout happens. What is the department doing?

There is an issue of networking; they said networking was not part of the agreement. You see these things work simultaneously, just like when you go to school with books minus a pen; will you be able to write anything? You attend a lesson, you have books, you have a desk, you have a teacher, a lecturer is there, and you have no pen. Even if you are very good in listening and getting all things in your head, at times you need to note some things. Why it is that networking was not part of the agreement?

They said they formed a taskforce. What necessitated the department to change? They have not clearly stated why we migrated from the old system to the new one. I am reliably informed that a taskforce was formed. Let me know the names of this taskforce. Are they experts? Let us know them because they could be the people misleading us and they may have a vested interest that they push the system to get what they want and leave the patients of Bungoma to suffer. We are discussing a very weighty matter here. When some of us are sick, you can go anywhere and be treated and the poor who have made us to sit here and represent them suffer. This system deletes information. I have personally been in the hospital and where you started, if you go back, the information has been deleted and you can be billed more than once. I don't know why they are not talking about that. The medical superintendent is here and knows that this system bills twice or thrice then we say that it is partial. How?

Let us be honest so that we correct this mess and have something that is working for our people. We cannot waste over Kshs. 60Million then later on we say the system is not working. Let us declare it is not working and revert back to the old system. I can speak the whole day, but let me stop there.

Hon. Cornelius Makhanu: Thank you, Honourable Speaker. I have listened to members contributing here and even the vendor. My conclusion is that the system was rushed and it is the failure of both the mother department and the vendor.

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When you are looking for software, as a client, you give your requirements or what services you are giving so that the vendor makes that software to suit your requirements. I hope that was done. After being sought, the vendor and we have heard here, it took like a month to roll out the system. From the explanation of the vendor, it is clear that the system is not working. He did the test, they did test runs and training. Within a month, for software of this kind, it is not enough, and he proved it here, he used the word myriad of challenges. He told us our Project Implementation Committee moved to other counties to benchmark, and they accepted the system is good, so that it can be procured.

I thought from those other counties; the vendor had come across those challenges, so that when you want to offer service to another client, those challenges should be minimal. But from what he has said, between the client and the vendor, I think business-wise they did very well. But services, is one thing.

Software goes with hardware. We sought for software but we need to have hardware and manpower. He told us he supplied servers. I call them mini-servers, because each facility needs to have its own server. Our IT department should have worked with the vendor to advise the client that we need this infrastructure for the service or for the software to work effectively. I don't know if he advised the client for the workstations or the computers to operate this software. These computers should have specifications, maybe in terms of faster processors, and even the capacity of the memory to run this software.

About networking to link these facilities; he talked that a client or a patient who has been attended to in another facility, when they are referred to our Referral Hospital here, there are no records. I thought he could have advised the client that we need this infrastructure; we need this wide area network in place so that we can interlink these facilities.

We need to operate like banks, if it is done real time, you go to another branch, you will get your records but in this case, it's not that way. We need the main server that will link these sub-servers from each facility, so that this software system can serve the purpose that it was intended.

I have realized there are very many failures there. We rushed to have this system because we intended to get maybe to improve our revenue but we forgot that this system was going to serve our patients.

The vendor, your failure is this; maybe you gave out what you require for the system to work effectively or to serve us but they did not do it. After you rolled out the system, the Project

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Management Committee looked at it and they gave you a clean bill of health. That is why you rolled it out. A system at KShs.62Million with half the amount paid, are we getting value for money? And we have other systems here in this country. The problem has been rushing and when we rush, this is the kind of service we get.

I will conclude by saying this, our mother department and ICT failed us. The vendor was just after business. You cannot rush to implement a system without the requirement that you sought being met. Maybe going forward, as a County we need wide area network so that we can even network other services.

We need a main server to link these sub-servers. We shall even have now backup, the ICT Director can explain if we have the main server or not.

Hon. Kennedy Wanyama: Thank you, Honourable Speaker. The vendor mentioned that some of the delays are as a result of poor connectivity within the health facilities and Hon. Cornelius has talked about connectivity issues. My question is to the user department; the Department of Health. What is the level of connectivity in these health facilities because truth is you can have a very good system, but if there is no connectivity, it can't really work. Has revenue collection been fully automated? I really want to hear this from the vendor.

Lastly, I want to go to general observation number four of the report from the Committee on Health. Why is it that the user department must go through the Finance department to reach the vendor? I read a lot of mischief. Because honestly, is there somebody who is deliberately protecting the vendor? That is the question.

Hon. Anthony Luseneka: Thank you, Honourable Speaker. I want to hear from the vendor. For any system to be rolled out or implemented, you have to do what we call piloting so that in case it fails, you will have a fallback plan. Did they do any piloting before they rolled out to our facilities because we have been in Health Committee and we were trying to assist our department, to have a solution to this problem? We did a fact-finding by moving around our facilities and established that they were encountering so many challenges, yet they seemed helpless. That is why we are in this position as we speak. So from our own assessment as Health Committee, we found out that maybe the staffs of the user department were not properly trained on the system.

We tried to ask around the system and some didn't even have access to it and didn't know how to use it. I just want to find out from the vendor, did you do any piloting before you rolled out to our facilities? Because we are stuck as we speak.

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Mr. Speaker: Hon. Ali Machani, let's be brief and avoid repetition, because we have been here since morning. Proceed.

Hon. Ali Machani: Thank you, Mr. Speaker. First, I want to thank this House and the committee for setting aside KShs.63 Million to procure these services. I have been listening to the service provider very keenly but he agrees with us that he has failed to some level. Now he has been paid KShs.32Million.

I want to thank the two Medical Superintendents for Webuye and Bungoma, they have been very open and the service provider has been listening very keenly. We gave you money, do you still feel we should pay you more. Is there any sense for the balance to be paid?

What was the advice of the experts when we were procuring these services? I was seeing the ICT assistant. I don't know whether you are the Director, how I wish you could have told us the advice you gave to the department before and after procuring this system.

Lastly, from the submission from both sides, it is like we are lacking flow of information and coordination in between the mother department and the Service Provider. The Service Provider may not be very keen to give the right information prior to the challenge arising.

To the service provider, when you were ready to give us services, how many staffs were you intending to train in all County facilities and how many have you trained? And those whom you have not trained, how are we going to get value for money for such a service?

Mr. Speaker: Thank you, Hon. Linda, Honorable Members, let us avoid repetition.

Hon. Linda Kharakha: Thank you, Mr. Speaker. I just have a few questions to ask the vendor or the service provider. What steps are you taking to align HMS with ICT? Then why are we still having a manual waiver instead of it being handled through system? Then if the system is having issues, you have talked of roles in the system; some people are not able to log in, then why haven't you introduced proper security protocols like session logouts, password resets and audit trail so that it is effective? Then if there's a user resistance with training, so far as a service provider have you established a help desk in these institutions for rapid response and for user support?

To my understanding, there might have been contract terms, so did the implementation team contact you for vendor obligations to be met, and if not, can the Health Department or the contract team redo the agreement? I think it is in order if they renegotiate the contract terms with the Service

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provider and we impose penalties for downtime and delayed fixes. That way, we can have the vendor held liable for any mishap we get to access the services.

Lastly, what I am hearing from the House and members and from your team, the system is powerful in itself but I think the issue is a deliberate move to not let it function properly. If it functions properly then as a County we will be able to have proper revenue collection, proper data collection of patients and we will not have a duplication of names or giving out drugs that do not exist on the shelves.

I think what you need to do as a team is to have technical gaps that I have mentioned fixed and then you set up a help desk. I won't say much about governance, I think as a House we need to push them; they are so relaxed on ensuring that the system is fully implemented. If you're given a contract, then it must be delivered and if it is not delivered within the law, then it's terminated or you initiate renegotiation of terms so that the contract is fully delivered.

At this point, the team is in order, just that they are relaxed. They do not want the system to help us. If the system works as it is, we will be able to follow up those patients who've been waived, track revenue collection and we will be able to know drugs that are leaving on the shelves without proper track. But someone somewhere has decided that the system should not work, so that there are lapses. They should be telling us now how they are going to fix it. If the issue is a double duplication of patients in the system, what are they going to do?.

Mr. Speaker: Thank you, Hon. Linda. Members, as you are contributing be aware that this report was approved last week on Thursday, so as you speak about solutions be aware of that.

Hon. George Makari: *(On a point of Information)* Honourable Speaker, my good old friend Hon. Machani, talked about the budget of around KShs.66 Million but I want to inform the House that out of the KShs.66Million only KShs.32Million was paid, the remainder of the money was removed from the budget. Could that be the reason the vendor has not completed the works? I don't know, I am reaching there and my mind is going blank. Could that be the reason? Maybe when he rises up, the department can try to handle that.

Mr. Speaker: Members, you are only allowed to speak when you are given the Microphone. So Hon. Kuloba Jeremiah, proceed.

Hon. Jeremiah Kuloba: Thank you, Mr. Speaker. Mine is to remind the consultant that you have to put all the information before this House. Could you be part of the syndicate? Because you did

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benchmarking and this House is aware that the same system is working in other Counties but when it comes to Bungoma, you deliberately make it fail.

The issue is rotating around revenue; I don't think you people are concerned with the welfare of the patient. Because from the look of things, it is a cartel that has been put there so that this system fails and then more money is siphoned or they use other tricks to siphon.

(Applause)

Because when we have no rights to operate that system, do you think we can make payment for a defective system that is not serving us?

The blame should not lie on the consultant only; there is a team that has put their heads together to make sure that this system fails. I think there is no value for money and somebody must be liable, a whip shall be cracked until we get a solution. Every time we come here there is a problem for finance and it is now reaching where these people don't complain when they are sick, some are dead, money that was meant to buy drugs for them is not there and then we are just relaxing. You come here and talk to us as if it is a laughing matter; this is a matter of life and death. Can you tell us here if you are part and parcel of that cartel?

Hon. Sheila Sifuma: *(On a Point of Information)* There is something Hon. Makari has mentioned that KShs.30Million was mentioned from the budget, how is that the concern of the service provider. It is a pending bill like any other, so services should be provided because eventually it will be paid and actually I support the money to be removed.

Mr. Speaker: Hon. Sheila, it was not urgent. Hon. Mildred, proceed

Hon. Mildred Apiyo: Asante sana Bwana Spika, huu mjadala wa leo ni mtamu na ni wa kweli

Mr. Speaker: Hon. Mildred, Proceed

Hon. Mildred Apiyo: Swali langu la kwanza ni wakati ule waliona mashine imeharibika na imemaliza miaka mbili ama mmoja kabla hawajatengeneza, pesa mnapata? Na kama pesa haipatikani, kwa nini watu wa hospitali hawajaleta hii ripoti kuwa pesa imekosekana hospitalini kwa sababu hii mashine iliharibika

Nauliza yule alituletea mashine, wakati ule ulijaribu ukaona haifanyi kazi vizuri ulienda ukalala siku ngapi ukafikiria urudi utenegeze ifanye kazi vizuri.

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(Applause)

Mr. Speaker: Order members... Hon. Catherine

Hon. Catherine Kituyi: Thank you, Mr. Speaker Sir for giving me this chance. I want to ask like a lay man

Mr. Speaker: You ask like a lay lady, you cannot be a lay man.

Hon. Catherine Kituyi: What was the purpose of procuring this system; was there intent? and if the intent was there, was it given to the Service Provider and if the service provider went through it, I thought when you go through it, you are supposed to have a feasibility study with the owner to give them requirements of what is supposed to be done. Did he do that, and if he did that did the department honor that.

After installation, did he train users? The ICT officer has said he trained 9 people but he said he trained 6 plus 4 why the conflicting information.

Mr. Speaker: They will answer but I am requesting we avoid repetition of these questions

Hon. Tony Barasa: Thank you, Hon. Speaker. I want to associate myself with the sentiments of so many Honourable members but particularly I want to align with the sentiments made by Hon. Linda Kharakha. If you look at the background, it says that this management system if implemented fully was going to store, protect and do everything but I am now convinced by listening to the vendor here and I want to request the indulgence of this House that we extract from HANSARD the challenges that the vendor and Director of ICT has pronounced on the floor of this House.

Also, aware that for those honourable ladies who are here, you cannot give birth today and expect that child to walk tomorrow, the Director here has said that any system in the world must have some challenges, it has also been agreed by the vendor that this system has challenges but there is this animal, what are we resisting? It came out loudly that there is some resistance, if he has given a request that we need to be trained but the department is not giving people to be trained, why are we resisting. I have come to learn that if this system was implemented fully this County will be somewhere far but because of some issues we are seeing people undermining the system that is why we are seeing this. I want to request this House that we defer this matter because we have seen new developments from the Director ICT when he has said...

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Mr. Speaker: Order Hon. Sudi. Hold on.

Hon. Tony Barasa: The Director ICT has said he has a report similar to the report of the Committee on Health, we have also seen that the vendor also has a file, a report that gave reasons as to why he has not implemented this thing fully. I will request that because we rely on the Standing Orders of this House, we have the Committee of Health get these new developments, go sit down, analyze and report back to this House. I am afraid if we are going to use emotions and yet we have gotten the vendor to come here for the purposes of fair hearing. Let us have an informed decision so that we can move. This county needs to collect money and so why are we resisting? I submit.

Mr. Speaker: I will have Hon. Ipara,

(Loud consultation)

As far as we are concerned, we are yet to get response from various officers here, Hon. Tony has no right to behave or act as if he is responding on his behalf...

(Applause)

Hon. Tony, you are out of order, let them give us responses then we make a decision or you want to be part of the people who are responding?

Hon. Tony Barasa: I am relying on information shared...

(Members shout no)

Mr. Speaker: Hon. Tony, you are out of Order.

Hon. Joseph Juma: Thank you, Mr. Speaker, I think we should further inform Hon. Tony that he is a member of this Committee and this report emanated from the Committee on Health and they have told us clearly that the system is a scam and when you check clearly you find that Hon. Tony appended his signature, he had enough time as a member of that committee even to invite the vendor so that they give us the right information.

Let us put things right. We are answerable to the people of Bungoma and as we speak, the system is not remitting the right issues and if Hon. Tony is saying that we should go the way he is saying

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then he was not part of this fact finding but he was part of it, let him just keep quiet for us to hear from the vendor and the department.

(Loud consultations)

Hon. Tony Barasa: Can I reply.

Mr. Speaker: No reply, Hon. Tony. You are out of order.

Mr. Speaker: Hon. Ipara,

Hon. Johnston Ipara: Thank you, Hon. Speaker. You have made me happy today and immediately you declare that we adjourn and go for lunch, I will not go for lunch. I was equally wondering what special interest Hon. Tony has on this matter...

(Applause)

Number one, he was a member of this committee and if he had any special ideas he could have shared before the committee. If he failed then he needs to tell us why he failed to advise the committee. I was even wondering about what Kshs.32Million did. If you listened from the Medical Superintendent of Webuye, he is comfortable with the old system which serves the needs of the workers and people of Webuye. If you listened to the Medical Superintendent of Bungoma, he was not even sure of what to say, I even wondered, a doctor failing to...

(Laughter)

Mr. Speaker: Hon. Ipara, that is not in order, withdraw that part

Hon. Johnston Ipara: I withdraw. We wanted to be told by the contractor, have we gotten value for KShs.32 Million that he was paid? If you have been very keen here is that Bungoma has not gotten value for money, then things that we need to know is what informed the change.

Mr. Speaker: Honourable members, let us avoid repetition; that has been asked.

Hon. Johnston Ipara: I am not repeating anything.

Mr. Speaker: It is what has already been asked Hon. Ipara. What informed the change from the previous system to this one has been sought by members here, proceed.

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Hon. Johnston Ipara: Thank you, Honourable Speaker. What informed the change, have we achieved the goal based on the current one? If you did hear very well, there are so many challenges that made the in-charge of Webuye hospital to resist, and I want to commend that in our midst we still have strong men and women like him.

Has this system created efficiency and addressed the gaps that were there? From the submissions it has not. Has it addressed revenue leakages? It has not. Has it created any transparency and accountability? It has not.

The automation push was intended to bring efficiency, and assessment of information within the shortest time. The information we have from BCRH says a patient spends over 30minutes waiting for information that most of the time disappears, so does it bring the efficiency that we require, the answer is no.

It was supposed to address service accessibility within the shortest time. If you walked to the dispensing desk people are spending a lot of time and we normally say the shortest time you take saves life and most of the time we have ended up not saving lives.

When I heard about this matter, I made my own effort to walk to the hospital to find out facts. I am told there is duplication of data. If it was Johnston Okasida Ipara who was supposed to pay 1,000, you end up having 3 or 4 different payments and at the shortest time it disappears. So it does not serve the purpose.

Mr. Speaker: Hon. Ipara, you have to wind up.

Hon. Johnston Ipara: Thank you, Hon. Speaker. Allow me to continue...

Mr. Speaker: I will not allow you to continue. I want you to wind up.

Hon. Johnston Ipara: Mr. Speaker, you know you are creating some confusion and I will bear...

Mr. Speaker: Hon. Ipara, I can't bring confusion to you. Just wind up.

Hon. Johnston Ipara: Honourable Speaker, a major issue is why this one was done by Finance and not Department of Health, because they know their needs and they know what they require. Why was it done by Finance department which is a policy department? They are not supposed to be involved in procurement even though you don't want to hear that.

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Mr. Speaker: Hon. Ipara, you must withdraw that one. I cannot allow you to carry on with that one.

Hon. Johnston Ipara: Honourable Speaker, with humility, I withdraw.

Mr. Speaker: Proceed.

Hon. Johnston Ipara: Honourable Speaker, we always procure things on need basis and need must originate from the user department. Did this particular need originate from the Department of Health? The answer is no because...

Mr. Speaker: Hon. Ipara, from the onset, the requisition came from the Department of Health, so what you are saying that is contrary to what is on HANSARD.

Hon. Johnston Ipara: Honourable Speaker, I want to ask for one thing because you have also become somebody who wants to respond...

Mr. Speaker: Hon. Ipara, you are out of order. Hon. Bosire, proceed.

Hon. Aggrey Bosire: Honourable Speaker, I am a bit confused here. We all read the report from the Health committee and we are blaming everything else other than the elephant in the room. We are blaming networks, training, I am actually hearing people say that there are people here who don't want a working system but when you actually look at it you will ask yourself; do we even have a system in the first place?

(Applause)

From the report that we read, the system had issues from all over. I have built systems for many years; as a matter of fact, my Form Four system was a Health Management System and I can tell for a fact that from the reports that we have had, we don't have a Health Management System. Our vendor should be telling us what was ordered and what was delivered. It has come to a place that right now I can't even sell a software out there because people have been buying bad software and it doesn't mean that software is bad but once you buy a bad software and it doesn't sought your problems, you start blaming the whole software industry and unless you do something about it, we will continue losing our money and we will never get value for our money. At the end of the day, we have to really look into the system itself, the vendor has to give us the Product Requirements Document (PRD). That's a document that explains everything the system is supposed to do. We are supposed to look at that and say the system was supposed to do this; the vendor delivered this.

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Right now we might be here blaming the vendor but we don't know the system that was ordered in the first place.

(Applause)

Maybe the system that we have right now is the exact system that was ordered.

(Applause)

Right now unless we see what was exactly ordered. I have tried to look for the advertisement that was placed in the newspaper. I have tried to look for the software copy. I haven't seen it yet but unless we see what was exactly ordered, we might never know. Right now we cannot blame training on anything. We cannot blame networks on anything.

Those are things that you are supposed to find out from the word go. You are a professional. Those are not excuses that you are supposed to bring at the floor of the House. I know those are excuses.

(Applause)

Mr. Speaker: Let's have the owner of the system. You have had so many questions on your department. We are starting with you.

Director JumboSoft Technologies (Carlton Wanga): Thank you, Mr. Speaker. I acknowledge the sentiments that have been raised. I have tried to group them on how they are related to each other. To take the shortest time possible, I will try to address them, starting with direct questions that regard the Company.

First and foremost, I wish to make it clear that I am the Director of Jumbo Soft Technologies Ltd. The CR12 was delivered as part of the documentation that was submitted to the bid document. I have periodically been asked to also produce the CR12 and it was also part of the documentation I was supposed to hand in to the House.

Mr. Speaker: They asked you how many directors are you and what are your shares. I may be having a response here in this file, but we don't have those particulars as per now.

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Director JumboSoft Technologies (Carlton Wanga): To be brief, there are three entities tied to Jumbo Soft Technologies Ltd. Two are people, I and the other director called Peter Nganga and then there is a company called Shuari Technologies. The shareholding is I hold 50 per cent, Peter Nganga holds 20 per cent and Shuari Technologies holds 30 per cent. The directors to Shuari Technologies are Njuguna Kirubi and Eugene Kamau. So those are the entities tied to Jumbo Soft as a software provider.

Secondly, there was also an issue in relation to staffing and the staff we provided to the company.

Mr. Speaker: Be on HANSARD please.

Director JumboSoft Technologies (Carlton Wanga): So in terms of the number of staff that we have provided and the general set up of the company. Our company offers software solutions. So part of the staff pool handles aspects of software development, system testing, as well as security. So we have in the background three officers and they have also interacted with some of the users of the system but they mostly do development.

So the developers are as follows; there is Vogan Mudegu, Peter Nganga as well as Michael. So in relation to that, we also have people who have been posted on the ground. So our personnel currently posted on the ground are; Jacob Juma in BCRH, David Bitobo and Alvin Mayende. We have Kenneth Simiyu and I also stand in. So we also have a support officer by the name Abiud whom we recently brought on board. So that is the pool of staff that is available for purposes of this assignment.

I will answer the question on why we proceeded with installation of the system despite 10% training turnout. Maybe my statement was a bit misleading but how we came up with the 10% is we inquired how many staff are there in the Department of Health in relation to the roles that are supposed to be in the system. We conducted trainings based on the guidance of the project implementation team and we provided attendance sheets for people who attended those trainings. So that does not necessarily mean that only 10% of officers were trained because we were also guided by various facilities that the better approach would be to train staff on job. So we have also progressively continued to train staff on job and recently we also conducted a specialized ICT training.

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I think this was...

Mr. Speaker: Yes, what is the issue? You resume your seat.

Hon. Jack Wambulwa: I am the one who raised some of the questions that he is responding to. I wanted to get it from him clearly. Why do they have more than one director? There must have been a company resolution to allow him to give us the information. Does he have that resolution? And more so when he speaks about the manpower was increased the other day. If it was increased the other day and yet he started off the work did he expect us to perform on time or he wanted us to perform after bringing in the staff at the tail end? Thank you.

Mr. Speaker: I proceed. Now, Hon. Otsiula, Anthony and Linda you understand what Jack is asking. That whenever you appear in such a situation, it requires a company resolution authorizing you to appear but let me own up that I called him yesterday to appear here. So even if you look for one, I called him that he must be here because the questions you were to ask were touching on him. He may not be having it but I think let's allow him to answer these questions, please.

(Loud Consultations)

Have the microphone first?

Director Jumbo Soft Technologies (Carlton Wanga): Thank you, Mr. Speaker. I acknowledge that this request came in yesterday and as of now, I do not have a company resolution to that effect but if it is required, we will make arrangements to have it available. Just to also reiterate on the...

(Laughter)

Mr. Speaker: Proceed, you are protected.

Director JumboSoft Technologies (Carlton Wanga): Thank you, Mr. Speaker.

Mr. Speaker: Hon. Jeremiah, let's have some order. Although we are your tenants here but let's have some order. Proceed.

Director JumboSoft Technologies (Carlton Wanga): Thank you, Mr. Speaker. The aspect of staffing, we only added two staff and that was two months ago but all along we have had a pool of seven staff supporting this solution in this County.

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They are well known to the staff and hospital staff for that matter because they have been providing support. I am a software developer and I am also involved in the development of the solution as well as support operations.

To answer the question around having a help desk; I acknowledge there might have been a shortcoming on our end in terms of setting up physical presence as well as a help desk but we stand guided accordingly in terms of setting up a customer support centre that would be able to serve the county directly.

I have summed up most challenges as user experience in terms of being able to log into the system and many other issues. The first being the issue of unique identification for patients not being there and I want to state clearly that we generate unique patient numbers and that was one of the requirements that were given by the system and this question might have had a bit of a confusion because the challenge that we have received is the clerks ignoring the existing registered details and instead registering patients afresh. So we could not use a unique identifier like an Identity number (ID Number) because sometimes patients come to the hospital when they are unable to provide Identity number. We have children who do not have ID Numbers.

These facilities serve even people who have crossed the border. So we could not have a unique identifier that can always identify such a patient. So I would say I am Calton Wanga. Tomorrow someone comes in and says I'm Wanga or Wanga Carlton. So there's been that confusion but we were guided accordingly and we provided a provision in the system for collapsing patient records that appear to be duplicated and to that matter the records department is mandated to reviewing patient registration records and to now collapse those registers as a solution that we offered as a service provider towards that problem.

I think what was very clear was on the matters of revenue and the level of automation towards revenue automation. So for Bungoma County Referral Hospital because we had all the provisions available as of now but I think the Medical Superintendent will also shed some light. Our role was to integrate to M-PESA as well as to the bank which is KCB and we did the same.

So if you go to KCB bank today and make a payment, you don't need to issue a receipt. The cashier will automatically be able to pull your data, the payment that you have made and it is tied to you

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and that was one of the issues that we are trying to implement as part of our efforts to increase revenue. So to the best of my knowledge, in terms of automation towards revenue collection, we did it as per the required specifications. What we did was integration to make sure that you don't have manual receipts. People coming with edited M-PESA messages. If you go there once you have paid, your payment should be recognized immediately.

On whether the system was piloted and I want to clarify based on the specifications and requirements; the approach for implementation of this system was supposed to be agile methodology and I am also privileged we also have a member in this honourable House who's privy to software development. There are various techniques towards implementation of software. There's a waterfall model; where you sit down with users spend a month pilot but what was adopted was agile methodology where you are supposed to roll out a solution and then you periodically get user feedback and as you receive that user feedback you make amendments and changes to guarantee stability of the system. It has its advantages and disadvantages but we definitely will shoulder responsibilities for the shortcomings of the application.

Mr. Speaker: Yes, Hon. Bosire what is your information?

Hon. Aggrey Bosire: I am being misled...

Mr. Speaker: You have the Mic. You resume your seat, please.

Hon. Aggrey Bosire: When we are doing agile development, it doesn't mean we are launching buggy products. You see when we are doing agile development; it is a process that is set out to make sure that at the end of the day, the software that gets launched satisfies certain standards. So when they are saying that they did agile development on this software, that's worse than my phone for project it makes me wonder...

(Applause)

I am saying this because this is a hospital management system. I have been lucky I built an electoral system that has run the whole country. An electoral system, one vote can mean you are either losing or winning but it's an election. You can still run next time. This is a hospital management system which means life and death. You won't have a next time and we are not taking this matter with the seriousness that it deserves.

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(Applause)

It's good that the member realizes that we have members in this House who understand technology, so I will really appreciate if he doesn't try to take us for granted and lie to us.

(Applause)

Mr. Speaker: Proceed and be guided accordingly.

Director Jumbosoft Technologies (Carlton Wanga): Thank you, Mr. Speaker. I stand guided accordingly.

Mr. Speaker: Order! Order members!

(Laughter)

Hon. Meshack order! Hon. Katila order! proceed

Director JumboSoft Technologies (Carlton Wanga): I stand guided accordingly.

Mr. Speaker: Before you proceed, Majority Leader, do you have some information?

Hon. Joseph Nyongesa: Thank you, Mr Speaker. You know when Hon. Bosire was talking, I was keenly listening and he was very clear that actually the vendor is cheating us. So should we again sit here and listen to him.

(Applause)

You know time is money and what we need is assurance. Will that system work or not? Because Hon. Bosire is an expert and he has said what he is saying is wrong. So why should I listen to him?

(Applause)

Mr. Speaker: Thank you, Hon. Joseph Nyongesa. Mr. Wanga, can you give us assurance if the system is going to work or not so that we find a solution? Hold on Hon. Meshack. Let me give you the Mic.

Hon. Meshack Simiyu: Mr. Speaker Sir. Kwa heshima kuu sana, I second.

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Mr. Speaker: You can't second the observations. You are out of order.

(Laughter)

You can't second. It's not a motion. You are out of order. Hon. Chikati, proceed.

Hon. Timothy Chikati: Thank you, Mr Speaker. It is a humble request for the vendor to use simple terminologies that some of us who are not IT experts can understand. Instead of using many terminologies maybe he is cheating us.

(Loud consultations)

Mr. Speaker: Order members! Hon. Chikati, that request is out of order because every profession has its own language jargons. If you are not a doctor remain a layman like others. Proceed,

(Applause)

I have one hour for all these people to speak. We want assurance. Be aware that this House has a composition of people cutting across all professions. We have Accountants, Lawyers, Surveyors, retired principals and ICT experts, so as you are talking to us be aware that in their own meeting, they will discuss what you are saying on HANSARD. So, don't mislead us.

(Applause)

Order members!

(Applause)

Mr Speaker. What is the issue Hon. Linda?

Hon. Linda Kharakha: Mr. Speaker, you see we are a House of rules and procedures. That whatever we speak here must be legitimate. Anything that is misleading, I think the person is misleading us should be surcharged or held liable for that.

(Applause)

We called you here to give us information, so be well guided. So if you mislead us. If I was in court I would I consider him a what, it's not perjury.

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Mr. Speaker: It's a wholesale witness.

Hon. Linda Kharakha: A wholesale witness. Thank you, Mr. Speaker.

Mr. Speaker: I don't want to go that direction Hon. Linda; I think he is aware that we having experts who are checking what he is saying.

Hon. Linda Kharakha: Thank you, Mr. Speaker.

Mr. Speaker: And he has to stick to the specific role. Lastly members, let us agree on the proposal by the Leader of Majority. Assurance of the system how are we going to proceed from here because at the end of the day, we will be having the HANSARD extracted and discussed here afresh. What everybody has said here is on HANSARD.

If we find that you misled us, we will summon you here again. So I think Director Wanga be aware that members are checking what you are saying. Here we have ICT gurus. Wind up please.

Director Jumbosoft Technologies (Carlton Wanga): Thank you, Mr. Speaker. As rightly guided, I'd wish to go to the point on the aspect of functionality of the system and from where I sit as a vendor, as a service provider and also the majority stakeholder in the company Jumbosoft Technologies Limited, we do not consider implementation of HMIS in this county as an impossible task.

From our end, we will continue to offer all the support that will be required. We will be fully available to address any concerns that are raised and on time. If there is need for there to be a service level agreement which would request that one is adapted since the one that guided us lapsed at the beginning of this financial year, aspect of support expectation can be encompassed there to guide us accordingly, in terms of who is meant to provide information, how long should an issue take to be fixed. If that is handled and of course if we got support from the project implementation team as well as other key stakeholders in terms of getting clear process flows, if it is a specific report that is required or getting clear documentation of user issues because you cannot adopt every issue that is brought up to a user. You should provide expertise in terms of guiding them accordingly to guarantee issues such as security of the system as well as revenue leakages.

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I humbly request for support in terms of guidance so that the committee provides documentation as required in terms of issues and then a service level agreement that will guide expectations of the people of Bungoma in terms of the level of service that they request from us. We will certainly abide by specifications as required and we are still committed to delivering this project. Thank you, Mr Speaker and this Honourable House for giving me the opportunity to stand with you.

M. Speaker: Hon. Millie, you are out of order. ICT Officer, you want to say anything?

Assistant Director ICT (Mr. William Wabuke): Thank you, Mr Speaker. Maybe in regards to a solution, both of us as Executive Department we need to come up with a troubleshooting template. Essentially we give you a form, every user who uses this system is given a form with predetermined issues from the system and then their work is to simply tick what is not working or what they don't understand. Then that is strictly taken, it is added either from the ICT on the ground. Since these days we can do things electronically, we can actually have this template electronic such that they simply tick what they don't understand or what they don't know. If it can be solved at the facility, it is solved. If not, it is pushed up and we give it a timeline. So if it is something that the vendor has to do, we can give him a timeline and it will be like 24 or 48 hours depending on how serious the matter is and then that can be a solution to start from there.

Mr. Speaker: Thank you ICT Officer. Dr. Kisaka, your department has nothing? Chief Officer Health the user department? I think we will start with the Director Watta, I think we are not following the protocol.

Director Health (Dr. Caleb Watta): Thank you, Mr Speaker Sir. My name is Dr. Wanambisi Caleb Watta. I am the director in charge of Health and Sanitation in Bungoma County. I just want to correct some few things. The reason why we want a Hospital Management Information System (HMIS), is it is a key pillar of Health.

In Health, for us to be able to deliver, we have the seven pillars all functioning and one of the key pillars is the Health Management Information System and the sole purpose was to improve the efficiency and also improve the revenue collection and that's the major reason why we wanted to have a system in place that can cover all the levels of the Health system. Starting from level 5, we have 10, level 4s and we had an extra high volume, level 3 which was Kabula. So in total, we were

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supposed to implement this solution in 12 facilities. That is the level 5, 10 level 4s plus one level 3B which is a high volume level 3 and we wanted to cascade that to the other levels like level 2s and level 3s at that point.

So the first phase was basically to deliver the 12 facilities. Why we didn't work with the old systems; these facilities had different systems, especially level 5 were using a different system from other levels and there are some facilities that didn't have a system in place. What were there were just systems for revenue collection. They had what we call modules and they are supposed to cover all modules and the most important module is the revenue collection.

For us to be able to enhance our revenue collection, we really wanted to automate everywhere so that we make sure that at least we enhance our revenue collection and maybe that was basically the driving force for having a new system. We wanted where we sit as managers and equally from the management, we are able to read what is being collected in all those facilities and the next phase was basically to cover the lower levels that is level 3 and level 4 but unfortunately the system has challenges which we are trying to address.

There are so many challenges that have been brought from the report and as my team, we are going to sit down and be able to see how we can be able to sort out those challenges.

Mr. Speaker: Director before you sit down, if this report did not come out from the committee, could you have been able to know that the system is not working as a Director?

Director Health (Dr. Caleb Watta): Mr. Speaker Sir, what we have been doing, we have been raising...

Mr. Speaker: Does it mean you knew that the system is not working as a Director?

Director Health (Dr. Caleb Watta): Yes. From where we sit we knew there are challenges.

Mr. Speaker: What have you done about it?

Director Health (Dr. Caleb Watta): We have raised communication to the vendor so that he can correct.

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Mr. Speaker: It is okay but be aware that at the end of this meeting, I will send out all these members to bring back feedback. In one week, they will all be out in those facilities. So you have more time to address those issues. If not, you are going to come back very soon, be aware in advance.

Director Health (Dr. Caleb Watta): Thank you, Mr. Speaker.

Mr. Speaker: Chief Officer of Health,

Chief Officer Health (Dr. Magrina Mayama): Thank you, Honorable Speaker. I will start with an introduction. My name is Dr. Magrina Mayama. I am Chief Officer for Health. I want to thank you for the opportunity to have been invited here to discuss the HMIS system.

I would want to correct an impression that has been created by the vendor that health workers are resisting the system. I have actively collaborated and contacted my colleague Chief Officer, Finance and the vendor and even the Medical Superintendents. We have had more than one meeting to discuss challenges that have been raised by the users in the hospitals and with a view to have the vendor address the shortcomings to ensure that the system is working efficiently. Some of them are not related to lack of capacity. Like if the system cannot generate a Ministry of Health report that is universal...

(Applause)

...that is not a creation of health workers.

Unfortunately, the vendor has not been able to correct and you know for the record, the vendor was to install this system in 12 facilities, but so far he has installed in seven facilities. He mentioned an issue to do with the network, but we heard from the Medical Superintendents of Bungoma Referral, where there is network and power backup, still is also experiencing challenges and we have advised the vendor, let's concentrate on Bungoma and solve all these issues surrounding the system and then we can replicate what you have implemented within Bungoma Hospital to the other facilities. The vendor is yet to do that.

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I will also speak for the Implementation Committee; the committee that went to do feasibility study, they brought a favourable report and our expectation was that the vendor would lift the components of the system from where they did the study and just replicate it in Bungoma but the vendor here said that we are giving him a report on challenges that he was not aware about. If it is working in other counties, it should cater for all the service areas in the Department of Health including Waivers, Laboratory and Revenue.

In conclusion, the vendor needs to commit as to whether he has the capacity to ensure that this system operates efficiently.

(Applause)

Mr. Speaker: Thank you, Chief Officer Magrina. I will have Chief Officer for Finance.

Chief Officer Finance (Mr. Robert Simiyu): Thank you, Speaker. I am Robert Simiyu, Chief Officer - Finance. I want to start by agreeing with what Hon. Bosire said. First of all, we should look at our specifications. What did we ask the consultant or the vendor to give us? Once we have looked at the specifications, we shall now ask ourselves has those specifications been addressed? If they have been addressed then why is the system not working? And I want to say that as Finance, we received a requisition from Health. We procured the vendor. Before that, I appointed the project implementation team. The project implementation team made a report to me complaining about the system. Then what I did, I did a letter to the vendor. The vendor took time to give us the feedback on what he has done. Has he addressed those issues that were raised by the project implementation team? Then sometimes in July, the vendor wrote back and he said that he had addressed the issues that were being raised.

Then I wrote a letter forwarding those issues to the project implementation team, so that they can look at the reply of the vendor and tell us whether the vendor is telling us the correct thing or not. So far, I have not received any report from the project implementation team.

So in conclusion, I want to say that there could have been good intentions for us to have the system but were our specifications addressed? What I will advise is that let's have the consumer of the product, who is the Department of Health, evaluate the specifications that they gave at first and see how as a county whether we can address or improve on the specifications so that the system addresses the issues that we want to solve as a county.

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Mr. Speaker: CEC - Finance.

CECM Finance(Ms Carol Makali): Thank you, Mr. Speaker. My name is Carol Makali, CEC - Finance and without repeating what our Chief Officer of Finance has mentioned, I happen to have come from the Health Department barely a few months ago and the issues that have been raised here are not new to me. These are issues that we have discussed several times and communicated to the vendor and from the file that I have submitted, when you go through the service agreement, it is clear that this contract is governed by the applicable laws in this country and that any breach by either party to that contract should be dealt with as per the law.

Listening through all the parties that are represented here, we all have an idea where these issues are coming from and as much as we are saying that we need to train our officers, I want to propose that the vendor gets back to these facilities to ensure that training is done to the officers as it was mentioned in that service agreement, because training is very key to any system that is supposed to be installed.

The user department has had issues and I also want to acknowledge those issues. That we had a meeting between these two departments plus the Medical Superintendents that are seated here and these challenges came up; so as a Department of Finance, I will wait for that report from the vendor concerning the issues that he has addressed, so that we can take action.

Mr. Speaker: Yes, CECM – Health.

CECM Health (Mr. Chrispinus Barasa): Thank you, Mr. Speaker. First, I want to appreciate the member and also the Health Committee for this report. These members are also clients of our hospitals and they can actually interact with the challenges that exist. Health is a very sensitive environment and any matter raised must also be handled in a sensitive manner.

One of the things that should be appreciated is that when installing a system in Health Department and when the patient service is going on, it must be done in a structured way to ensure that services are not interrupted. Training should also be planned in a way that ensures that all staff are trained but in a structured manner that ensures that provision of service is not affected.

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While in Health Department, I have noted three critical issues which might have been overlooked and need to be strengthened to ensure that we achieve in installation of this system. One of the key issues is training which has been emphasized; it cannot be ignored anywhere. So long as you have not trained fully, it will have a challenge in terms of implementation. So we must re-evaluated and confirm that everybody is trained and understand how the system works.

Two, ICT Officer can confirm and I also raised it in the Health Committee. Pilot period is a critical period because it enables you to know what you are running before and what you want to install because they run parallel with existing system. Once you finish the pilot period, you must sign off. That's a very important period, because you have given an assurance.

Now we have addressed any challenges that were there and now we can now leave the previous one and then proceed with the new system. Then the next thing that is very critical also is how do we report issues? In Health, everything is sensitive. You can report an issue that can go and remove everything in the system. Any updates it must be structurally approved. Once the vendor has installed the system, every issue reported must be completely controlled, so that when you do an update, it is also registered. There's no update that can go into the system without being registered, because it can cause a disaster in the system.

From Health Department, we really need the system and that's why the issues raised must be taken with total seriousness.

Allow me also point out two issues, about the issue of CT scan and MRI; I want to confirm that they are on the way. We are just finishing the Radiology building. The vendors who want to supply equipment came to confirm the specification and they told the contractor to finish a few things but they are ready to supply.

We also had an interaction with the blood transfusion team from Nairobi on Friday and they went around Bungoma Referral Hospital and assured us that they will actually support us fully so that we become a regional centre for blood transfusion.

Number three, we have received tablets under Taifa Care System. You are aware Tibabu System that is coming will be installed from level 2, 3, 4, and 5. For the time we have received 500 tablets and power bank for level 2 and 3 and I think in the next two weeks that will also be launched, so

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that the connection will start from lower level up to level 6. That program is on and any system that will be on the ground will also undergo integration so that we have one reporting system.

Mr. Speaker: Thank you, Honorable members. I think Hon. Okasida, after that we cannot go back to debating.

(Loud consultations)

We cannot go back. I will be able to cut it short because members must go for health break and prepare for the 2:30 p.m. session.

Hon. Johnston Ipara: Thank you, Hon. Speaker. I am getting confused. Finance Department is supposed to protect others and not be involved in procurement, and this particular item was taken to the Department of Finance. The act is to procure and install in health and I believe that the head boy of other departments in terms of finance is Finance Department. Why is it involved in this procurement activity? I need to be guided.

Mr. Speaker: Members, I won't be opening up. Honourable members, no you can't behave that way. Hon. Kuloba, I have allowed you to speak about it. Look at the law and the Standing Orders. I will be very specific; The CEC - Finance will be allowed to answer that specific question. Cornelius will be allowed to ask then we will adjourn.

Hon. Cornelius Makhanu: Thank you, Hon. Speaker. I had asked the ICT to just tell us if as a county we have a server, but I got no response.

Mr. Speaker: Honorable Members, I won't be opening up. I will only allow ICT Officer and the two CECMs then will end there.

ICT: Thank you, Mr. Speaker. To answer the Honourable members; yes, we do have servers. We are also using one which is integrated. I coordinate with your ICT at the Assembly in using audit software called TeamMate. If some members know from your ICT office, we are the ones who are hosting them on the cloud. Cloud, it is just a third-party service that is being used to back up our data. So we host several systems there. We actually host two from the Assembly. As a result, it's just coordination and cooperation because they requested and since we had it, we are hosting so we do host.

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Mr. Speaker: Hon. Tony, you will see Hon. Bosire to explain what cloud is?

(Loud Consultations)

CECM Finance (Ms. Carol Makali): Thank you, Chair. In the year 2023/2024, ICT was a unit in Finance and that's why the money was budgeted there. Currently, the ICT unit was taken to Public Management Department.

Mr. Speaker: That is answered. Honourable members allow me to say the following before we adjourn. I think the report of the Health Committee is merging the Finance, Health Department and the Service provider. Go and look at each individual problem, then the department of Health go and look at the project implementation.

The Director if you have a pending payment then it won't be approved by this House because the system is having challenges. So the allocation to your pending bill won't be very easy to pass through this House. So you must work extra hard.

Lastly, the service provider be available to the people who gave you the business. What I am trying to say because even me getting you was not very easy. You refused to pick all calls from my officers including mine. If I can't reach you, what of my officers here? Then what of these other people reaching you?

(Loud Consultations)

So kindly be available, if you don't, even the last payment won't be as easy.

(Loud Consultations)

Honourable members, allow me to thank our CEC for Finance and Health, Chief Officers for Finance and Health, Director, Medical Superintendent for Webuye and Bungoma, Director ICT and the Service Provider for sparing your time to come before us to clarify this issue.

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As you have all spoken, it's a sensitive matter and it requires some seriousness undertaking from all those concerned. Allow me release them to go out before we adjourn accordingly. We can't adjourn simultaneously. Let them be ushered out quietly, and then we adjourn accordingly.

(Loud Consultations)

Order members! Hon. Bosire and your team resume your chairs.

(Laughter)

Honourable members, I have said the report of Health is available, let them go and look at that report and make a follow up.

In the meantime, we will be sitting as a House and agree that you go back to ascertain whether changes have been made or not because what I have seen, the young man is very evasive.

(Loud consultations)

ADJOURNMENT

Members, we have spoken and finished. What you are seeing is more of *Kamukunji*. Let us adjourn for people to take a break. We adjourn accordingly.

The House rose at 12:57 p.m.

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