COUNTY GOVERNMENT OF BUNGOMA

COUNTY ASSEMBLY OF BUNGOMA

OFFICE OF THE CLERK

THIRD ASSEMBLY

FIFTH SESSION

COMMITTEE ON HEALTH

A REPORT

ON

STATUS OF EQUIPMENT IN BUNGOMA COUNTY REFERRAL HOSPITAL (BCRH)

Clerks Chambers
County Assembly Buildings
PO BOX 1886,
BUNGOMA, KENYA.

MAY, 2026

TABLE OF CONTENTS

CHAPTER ONE

1.0 EXECUTIVE SUMMARY

Hon. Speaker,

This report presents an analysis of the equipment status of county health facilities in Bungoma County, with a primary focus on Bungoma County Referral Hospital (BCRH). It draws on responses from the County Department of Health and Sanitation (CECM's Office) to queries raised by the County Assembly, supplemented by the BCRH Medical Superintendent's status report, budgetary information from the Controller of Budget reports, and the national policy framework under the National Equipment Service Program (NESP). BCRH is a Level 5, Government-owned referral and teaching hospital with an operational bed capacity of 370 beds.

The key findings are:

i. BCRH is severely understaffed relative to its optimal establishment, with only 550 staff in post against an optimal requirement of 1,282 — a staffing gap of 742 (57.9%).

ii. The CT scan machine has been successfully supplied, installed, and commissioned at BCRH under NESP, with over 180 patients served as of the date of reporting.

iii. The MRI machine building is near completion and the machine is expected to be supplied and commissioned by mid-June 2026 under NESP.

iv. The Regional Blood Bank construction project has received KES 8 million in FY 2023/2024 and a further KES 8 million in FY 2025/2026. However, a previous contractor failed to complete works; a partner organization is currently in negotiations to support completion.

v. The hospital operates specialist units including an Eye Clinic, Renal/Dialysis Unit, Intensive Care Unit (ICU), and a Radiology and Imaging Unit, all of which are functional but facing resource and staffing constraints.

vi. BCRH's service delivery workload for FY 2024/2025 reflects high operational intensity: 126,793 total outpatient visits, 12,419 inpatient admissions, 3,271 deliveries (normal and caesarean), 313,748 laboratory tests, and 174,113 prescriptions — averaging approximately 347 outpatient consultations and 34 inpatient admissions per day.

vii. The Bungoma County government allocated KES 4.4 billion to Health and Sanitation in FY 2024/25, making it the highest-funded sector.

viii. NESP provides a fee-for-service model for medical equipment supply at no upfront cost to county governments, with the Social Health Authority (SHA) paying vendors per service delivered.

1.1 COMMITTEE MANDATE

Hon. Speaker,

The Sectoral Committee on Health Services was constituted on the 26th October, 2022 pursuant to the provisions of Standing Order No.179 and executes its mandate in accordance with Standing Order 217(5) which provides that the functions of a Sectoral committee shall be to-

a) Investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration, operations, coordination, control and monitoring of budget;

b) Consider quarterly reports of the assigned departments and report to the House within twenty-one (21) sitting days upon being laid;

c) Study the programme and policy objectives of departments and the effectiveness of the implementation;

d) Study and review all county legislation referred to it;

e) Study, access and analyze the relative success of the departments as measured by the results obtained as compared with their stated objectives;

f) Investigate and inquire into all matters relating to the assigned departments as they may deem necessary, and as may be referred to them by the County Assembly;

g) To vet and report on all appointments where the constitution or any law requires the House to approve, except those under *Standing Order 204* (Committee on Appointments); and

h) Make reports and recommendations to the House as often as possible, including recommendation of proposed legislation.

1.3 COMMITTEE MEMBERSHIP

Hon. Speaker,

The Committee on Health services as currently constituted comprises the following Members;

1.	Hon. George	Makari	Chairperson
2.	Hon. Jerusa	Aleu	Vice – Chair
3.	Hon. Meshack	Simiyu	Member
4.	Hon. Joan	Kirong'	Member
5.	Hon. Vitalis	Wangila	Member
6.	Hon. Tony	Barasa	Member
7.	Hon. Jackson	Wambulwa	Member
8.	Hon. Orize	Kundu	Member
9.	Hon. Wafula	Waiti	Member
10.	Hon. Jeremiah	Kuloba	Member
11.	Hon. Jacob	Psero	Member
12.	Hon. Ali	Machani	Member
13.	Hon. Dorcas	Ndasaba	Member
14.	Hon. Milliah	Masungo	Member
15.	Hon. Grace	Sundukwa	Member

1.4 LEGAL FRAMEWORK

Hon. Speaker sir,

Pursuant to the provisions of Article 185(3) of the Constitution of Kenya 2010, the committee is mandated to exercise oversight over the County Executive Committee and any other County Executive organs.

Additionally, Article 43(1) of the Constitution of Kenya on economic and social rights provides that-

Every person has the right -

a) to the highest attainable standards of health, which includes the right to health care services, including reproductive health care;
b) to accessible and adequate housing, and to reasonable standards of sanitation;
c) to be free from hunger, and to have adequate food of acceptable quality;
d) to clean and safe water in adequate quantities;
e) to social security; and
f) to education.

Article 43(2) of the constitution provides that, a person shall not be denied emergency medical treatment.

1.5 ACKNOWLEDGEMENT

Hon. Speaker, Sir,

On behalf of the committee, I would like to extend my gratitude to the office of the Speaker and Clerk for providing a conducive environment that allowed the Committee to undertake the assignment seamlessly. Your unwavering support and logistical assistance have been instrumental in ensuring the success of this report. I express my sincere gratitude to the Honourable Members attached to this committee for their dedication and valuable contribution towards the compilation of this report. Equally, I acknowledge and commend the Secretariat for their tireless efforts in making this exercise a success. I further do confirm that the observations and recommendations of the Committee in this report were arrived at unanimously.

It is therefore my pleasant privilege and honour to present to this House the report of the Committee on the effectiveness of the implementation status of critical healthcare infrastructure and equipment at the Bungoma County Referral Hospital for the FY 2024/2025 and 2025/2026.

SIGNATURE..... **DATE**.....22/06/26.

HON. GEORGE MAKARI - MCA MUSIKOMA WARD.

CHAIRPERSON, HEALTH SERVICES COMMITTEE

CHAPTER TWO

2.0 INTRODUCTION

Hon. Speaker.

Bungoma County serves a population of approximately 1.7 million people and operates 143 public health facilities — comprising 133 health centres and 10 sub-county hospitals — in addition to the Bungoma County Referral Hospital (BCRH), which serves as the county's premier public health institution. BCRH is a Level 5, Government-owned referral facility and a registered teaching centre with an operational bed capacity of 370 beds. It serves Bungoma County and the broader surrounding region. Adequate medical equipment is a critical prerequisite for quality healthcare delivery at every level of the health system.

The County Assembly of Bungoma, through its Sectoral Committee on Health Services, has oversight responsibility over all matters relating to county health services, including the state of health facilities and their equipment. Pursuant to this mandate, the County Assembly raised queries with the County Executive Committee Member (CECM) for Health and Sanitation regarding staffing levels, the procurement of the CT scan machine, the 300-bed capacity project, the Blood Bank, the Eye Clinic, the Renal Unit, the ICU, and the Radiology/Imaging Unit at BCRH.

2.1 PURPOSE OF THE REPORT

This report:

i. Analyses responses from the County Department of Health and Sanitation to the County Assembly's queries.

ii. Contextualizes findings within national-level frameworks, including NESP, and budgetary data from the Controller of Budget.

iii. Identifies gaps and concerns arising from the evidence gathered.

iv. Provides observations and recommendations to guide the County Assembly's oversight work.

2.2 SOURCES

This report is based on the following sources:

i. Letter from the Chief Officer — Health and Sanitation, dated 11th May 2026, Ref. CG/BGM/MOH/CO/ASS/VOL.1 — on BCRH staff establishment, CT scan status, 300-bed capacity project, Eye Clinic, Renal Unit, ICU, and Radiology Unit.

ii. Letter from the Chief Officer — Health and Sanitation, dated 4th May 2026 — on Blood Bank status, CT scan and MRI budgetary provisions, and the NESP roadmap.

iii. Letter from the Medical Superintendent, Bungoma County Referral Hospital, dated 11th May 2026, Ref. CG.BGM/BCRH/ADM/VOL.1 — BCRH Status Report covering key service delivery units, service workload data for FY 2024/2025, and staff establishment.

iv. Bungoma County FY 2024/25 Approved Budget (Annual Appropriations Bill, June 2024).

v. Bungoma County FY 2025/26 Approved Programme Based Budget.

vi. National Equipment Service Programme (NESP) documentation — Ministry of Health, 2025/2026.

vii. Ministry of Health Cooperation Framework Signing for NESP (April 2026

2.3 STAFFING LEVELS AT BUNGOMA COUNTY REFERRAL HOSPITAL

Overview

The County Department of Health reported that the BCRH staff establishment comprises 1,282 optimal positions. As of the date of reporting, only 550 staff are in post — 330 Permanent and Pensionable (PnP), 34 UHC, and 186 Contracted — leaving a variance of 742 positions, representing approximately a 57.9% gap. The table below summarizes staffing by cadre.

S/No	Cadre	Optimal	PnP	UHC	Contracted	Variance
1	Medical Specialists	50	18	0	0	32
2	Medical Officers	50	9	0	2	39
3	Dental Officer Specialists	4	1	0	0	3
4	Dental Officers	6	2	0	1	3
5	Pharmacy Specialists	20	2	0	0	18
6	Pharmacists (General)	10	3	0	2	5
7	Nurse Specialists	142	41	0	0	101
8	General Nurses	340	85	10	35	210
9	Medical Laboratory Officers	5	4	0	2	-1
10	Medical Laboratory Specialists	11	5	0	0	6
11	Medical Laboratory Technologists	52	18	7	4	23

S/No	Cadre	Optimal	PnP	UHC	Contracted	Variance
12	Public Health Officers	4	2	0	1	1
13	Public Health Assistants	4	2	0	1	1
14	CHA/CHO	0	0	0	0	0
15	Clinical Officers	7	0	0	3	4
16	Registered Clinical Officers	44	11	4	6	23
17	Registered Clinical Officer Specialists	45	31	0	0	14
18	HRIO	30	7	5	4	14
19	Nutrition Officers	6	1	0	1	4
20	Nutrition Technologists	12	1	1	6	4
21	Nutrition Technicians	4	0	0	0	4
22	COHO	6	2	0	1	3
23	Dental Technicians	6	3	0	0	3
24	Pharmacy Technologists	20	7	3	6	4
25	Orthopaedic Technologists	20	3	0	1	16
26	Occupational Therapists	35	6	0	2	27
27	Physiotherapists	58	7	1	3	47

S/No	Cadre	Optimal	PnP	UHC	Contracted	Variance
28	Orthopaedic Trauma Technologists	7	2	1	2	2
29	Medical Social Workers	14	4	0	2	8
30	Biomedical Engineers	10	8	0	1	1
31	Radiographers	12	6	2	1	3
32	Mortuary Attendants	6	2	0	2	2
33	HRM	3	1	0	0	2
34	HAO	4	2	0	0	2
35	Supply Chain Management Officers	7	4	0	4	-1
36	Accountants	5	3	0	0	2
37	Finance Officers	1	0	0	0	1
38	Economists	1	0	0	0	1
39	Drivers	20	7	0	2	11
40	Office Administrators (Secretaries)	2	1	0	0	1
41	ICT Officers	3	1	0	2	0
42	Clerical Officers	30	5	0	11	14
43	Administrative Officers	2	1	0	1	0
44	Chefs	2	1	0	0	1

S/No	Cadre	Optimal	PnP	UHC	Contracted	Variance
45	Cooks	10	1	0	2	7
46	Cateresses	2	0	0	2	0
47	Support Staff	150	10	0	73	67
	TOTAL	1282	330	34	186	732

Source: Letter from Chief Officer — Health and Sanitation, 11th May 2026.

Analysis

The staffing situation at BCRH is critically deficient. The overall gap of 742 positions (57.9%) means the hospital is operating at less than half its optimal human resource capacity. Particularly acute shortages are recorded in the following clinical cadres:

i. General Nurses: 210 positions unfilled (optimal: 340; in post: 130).

ii. Nurse Specialists: 101 positions unfilled (optimal: 142; in post: 41).

iii. Physiotherapy: 47 positions unfilled (optimal: 58; in post: 11).

iv. Occupational Therapy: 27 positions unfilled (optimal: 35; in post: 8).

v. Medical Specialists: 32 positions unfilled (optimal: 50; in post: 18).

vi. Medical Officers: 39 positions unfilled (optimal: 50; in post: 11).

vii. Support Staff: 67 positions unfilled (optimal: 150; in post: 83).

The ICU's acknowledged need for additional equipment and staff, and the Eye Clinic's need for more nurses and pharmacy personnel, are consistent with these numbers. Critically, even specialist units such as Radiology urgently require additional personnel: the unit needs at least one more radiologist, seven more radiographers, and two sonographers.

Notably, Supply Chain Management Officers show a minus-one (-1) variance, suggesting that one position is occupied in excess of the establishment — a potential compliance concern under the Bungoma County Public Service norms that should be investigated.

CHAPTER THREE

3.0 STATUS OF DIAGNOSTIC IMAGING EQUIPMENT

CT Scan Machine

Hon. Speaker,

The CT scan machine at BCRH has been supplied, installed, and commissioned under the National Equipment Service Programme (NESP) by the Ministry of Health. It was officially commissioned by the Cabinet Secretary on 16th April 2026 at the new Radiology Unit building. As of the date of reporting, approximately 200 patients had been served. The machine operates on a 24-hour basis, with only one radiologist currently managing the workload. A minimum of two radiologists are required for safe and sustainable service delivery.

During the Committee's fact-finding visit to the Radiology Unit, the Medical Superintendent informed members of a radiologist from Wajir County who intends to transfer to Bungoma County. The Committee agreed on the need to expedite this inter-county transfer to help bridge the current staffing gap.

Regarding budgetary provisions: the response dated 4th May 2026 confirms that for FY 2025/2026, there is no county government budgetary allocation for the CT scan machine, as it is fully provided under NESP on a fee-for-service basis. Neither the CT scan machine nor the MRI machine carries any county-level budgetary allocation — both are delivered under the NESP national government programme.

During the fact-finding visit, the Committee established that the facility does not generate profit from the CT scan, as the tariffs charged are significantly lower than those at private facilities. For instance, a head scan at the facility is charged at KES 4,500 against a standard private-sector rate of KES 6,200, meaning the facility absorbs a shortfall of KES 1,700 per service. The county government entered into a ten-year contract with NESP under which BCRH retains 10% of every charge while NESP retains 90%. The facility currently provides this service entirely for the benefit of the public, without generating any profit. Maintenance of the CT scan machine is undertaken by NESP.

MRI Machine

The MRI machine building at BCRH is reported to be nearing completion. The machine was expected to have been supplied, installed, and commissioned by mid-

June 2026, also under NESP. This would represent a further significant upgrade to BCRH's diagnostic capability. No county-level budgetary allocation exists for the MRI machine.

The National Equipment Service Programme (NESP)

NESP is a national government initiative designed to ensure continuous access to medical equipment in county health facilities across Kenya. Launched in 2025 following the expiration of the Medical Equipment Service (MES) programme in December 2023, NESP operates on a fee-for-service model whereby vendors supply, install, maintain, and upgrade equipment at no upfront cost to county governments. The Social Health Authority (SHA) pays vendors per service delivered, thereby removing financial strain from county budgets.

NESP is structured around seven contracted firms, including Sunview Medipro International (CT scan machines — two per county), Caring International (MRI machines), and Megascope Healthcare, among others. The programme targets the deployment of 98 CT scan machines, MRI machines, 400 operating theatres, and 400 laboratories nationwide. Since its rollout in February 2025, NESP has equipped 213 health facilities across 43 counties, representing an investment of KES 7.3 billion.

The NESP roadmap for Bungoma, as at May 2026, is as follows:

S/No	Machine	Roadmap / Status
1	CT Scan Machine	Supplied, installed, and commissioned under NESP. Operational as of 16th April 2026. Approximately 180–200 patients served.
2	MRI Machine	Building nearing completion. Machine expected to be supplied, installed, and commissioned by mid-June 2026 under NESP.

3.1 REGIONAL BLOOD BANK — STATUS AND PROCUREMENT

Construction Status

The Regional Blood Bank project at BCRH has had a troubled procurement history. In FY 2023/2024, KES 8 million was allocated and a contract was awarded to M/s Dot Engineering Construction through a duly-conducted procurement process. Following contract award, the contractor was formally handed over the site and commenced work by delivering construction materials. However, apart from this initial materials delivery, the contractor did not proceed with any further works, and the contract was allowed to lapse. The contract file was subsequently closed in accordance with applicable procurement and contract management procedures.

In FY 2025/2026, a further allocation] of KES 8 million has been provided. A partner organization has expressed interest in supporting the completion of the Blood Bank project, and negotiations are ongoing to formalize this arrangement.

Budgetary Allocations for the Blood Bank and Diagnostic Equipment

S/No	Item	Budgetary Allocation 2025/2026
1	Regional Blood Bank Construction	KES 8,000,000
2	CT Scan Machine	No budgetary allocation (NESP)
3	MRI Machine	No budgetary allocation (NESP)

Personnel Requirements for the Blood Bank

S/No	Issue	Response
1	Current Staff in Post — FY 2023/2024	19 (Permanent and Pensionable)
2	Current Staff in Post — FY 2024/2025	35 (Contracted)
3	Professional Qualifications Required	Diploma/Degree in Medical Laboratory Science
4	Current Staff Establishment	164
5	Optimal Staffing Level Required	246

The Blood Bank centre requires a minimum of 246 staff at optimal levels against a current establishment of 164, indicating a staffing gap of 82. This remains a significant concern for when the facility eventually becomes operational.

3.2 THE 300-BED CAPACITY PROJECT

Mother and Child Block

The 300-bed Mother and Child Block, procured under Tender No. BGM/COTY/HLT/OT/307/2018–2019 and Negotiation No. 716520–2018/2019, has been completed and is currently in use. This forms part of the broader 300-bed capacity expansion project at BCRH.

Equipment Supplied to the Mother and Child Block

The facility has been partially equipped. Full equipping has not been achieved due to budgetary constraints. The following equipment has been supplied to date:

S/No	Equipment	Number
1	Neonatal Ventilator	2
2	Baby Cots	29
3	Neonatal Laryngoscope	2
4	Phototherapy Machine	3
5	Infant Digital Weighing Scale	2
6	Patient Monitor	6
7	Delivery Set	10
8	Caesarean Section Set	10
9	Drip Stands	10
10	Waste Bins	2 sets
11	Portable Examination Couches	2
12	Infusion Pump	2
13	Paediatric Laryngoscope	2

S/No	Equipment	Number
14	Adult Laryngoscope	2
15	Centrifuge	1
16	Water Bath	1
17	Haemoglobin Meter	1
18	Patient Beds	3
19	Mattresses	45
20	Examination Couch	5
21	Drug Trolley	10
22	Foot Stepper	4

3.3 STATUS OF SPECIALIST UNITS

Eye Clinic

The Eye Clinic is an ultra-modern facility offering outpatient, inpatient, and theatre services. It operates on weekdays, including nights, and handles emergencies over weekends. The clinic serves an average of 50–80 patients per day and performs approximately 10 surgeries per week. It also conducts outreach programmes with partners, reaching hundreds of clients for screening and surgical interventions.

At the time of reporting, the Eye Clinic was staffed by one (1) ophthalmologist, three (3) ophthalmic clinical officers, one (1) ophthalmic nurse, and two (2) general nurses, supported by other cadres. Services are paid through both cash and insurance. Supplies and servicing are funded through Facility Improvement Fund (FIF) resources and partner contributions.

The Committee visited the Eye Clinic and verified the staffing levels as indicated. It was further established that the facility has been largely supported by a donor organization, BMZ & DBHW, through Salus Oculi Kenya. Both the male and female wards were found to be well maintained and clean at the time of the visit.

Renal Unit (Dialysis Centre)

The Renal Unit is operational with five (5) dialysis machines. It serves both outpatients and inpatients, with no reported backlog. It operates on weekdays for outpatient services and remains on call 24 hours for emergencies, conducting approximately 150 dialysis sessions per month. The high patient load — approximately 13 patients per day — places significant strain on the available machines. An additional four (4) renal machines are required to match current demand and reduce the burden on existing equipment.

Staffing includes one (1) physician, two (2) medical officers, seven (7) renal specialist nurses, one (1) nutritionist, pharmacists, laboratory staff, biomedical engineers, and support staff. Despite these deployments, staffing levels remain a challenge, rendering the unit non-operational during night shifts and weekends. There is an urgent need to increase staffing to enable round-the-clock service delivery. Services are fully funded through the SHA Package, with supplies and servicing through FIF resources.

Intensive Care Unit (ICU)

The ICU admits critically ill patients requiring life-saving interventions and intensive monitoring. It has a capacity of seven (7) beds — five (5) Critical Care and two (2) High Dependency — and operates on a 24-hour basis, recording an average of 20–25 admissions monthly.

Staffing includes two (2) physicians, one (1) anaesthesiologist, two (2) medical officers, fifteen (15) critical care specialist nurses, one (1) registered clinical officer, one (1) nutritionist, pharmacists, laboratory staff, biomedical engineers, and support staff. Services are paid through cash and insurance.

During the fact-finding visit, the Committee was informed that ICU equipment is expensive to maintain, and that there is a need to procure additional ICU units for the newborn unit, as well as HDU machines for the maternity wing, in order to reduce strain on the existing equipment.

Radiology and Imaging Unit

Following the installation of the CT scan machine and with the imminent commissioning of the MRI under NESP, the Radiology Unit has transitioned into a premier diagnostic hub. The unit currently offers general X-ray, mammography,

dental imaging, ultrasound, ECHO, and ECG services, serving approximately 1,600 patients per month. The CT scan operates on a 24-hour basis, and 200 clients had been served as of the date of reporting. Staffing comprises one (1) radiologist and radiographers. Services are paid through cash and insurance.

Mother and Baby Unit

The Mother and Baby Unit was constructed by the County Government of Bungoma through the KDSP (1) and subsequently handed over to the Hospital Management. It is operational, offering services in the Labour Ward, one (1) operational theatre, the Postnatal Ward, and the Newborn Unit. On a daily average, the Labour Ward handles 15 mothers with 10–15 deliveries. The Postnatal Ward accommodates over 100 mothers at any given time, and the Newborn Unit accommodates approximately 80 babies. The unit still requires additional equipment and staff across all cadres to operate at its designed capacity.

3.4 SERVICE DELIVERY WORKLOAD — FY 2024/2025

Hon. Speaker,

The Medical Superintendent's status report provides comprehensive service delivery workload data for BCRH for the financial year 2024/2025. These figures illustrate the scale of the hospital's operations and underscore the urgency of addressing staffing and equipment gaps.

General Outpatient Services

Service	Number
OPD Attendance (Under 5 years, Female)	13,183
OPD Attendance (Under 5 years, Male)	14,398
OPD Attendance (Over 5 years, Female)	41,965
OPD Attendance (Over 5 years, Male)	25,876
OPD Casualty Attendance	17,180
OPD Attendance (Over 60 years)	14,191
Total OPD Attendance	126,793

Special Clinics Attendance

Clinic	Attendance
ENT Clinic	5,118
Eye Clinic	9,682
TB and Leprosy	2,319
Psychiatry	3,439
Orthopaedic Clinic	1,322
Occupational Therapy	6,079
Physiotherapy	13,653
Medical Clinic	2,117
Surgical Clinic	1,809
Obstetrics/Gynaecology	2,808
Paediatrics	460
Total Special Clinics Attendance	49,006

Maternity and MCH Services

Service	Number
Normal Deliveries	2,179
Caesarean Sections	1,066
Babies Discharged Alive	3,218
ANC Attendance	8,780
CWC Attendance	19,918
Total MCH Services	35,161

Inpatient Services and Other Key Workload Indicators

Service	Number
Inpatient Admissions	12,419
Inpatient Discharges	11,372
Patient Bed Days	112,455
Laboratory Routine Tests	101,923
Laboratory Special Tests	211,825
Prescriptions (Common Drugs)	47,035
Prescriptions (Special Drugs)	90,084
Prescriptions (Drugs for Children)	36,994
Physiotherapy Treatments	30,162
Occupational Therapy Treatments	23,346

Source: Bungoma County Referral Hospital Status Report, Medical Superintendent, 11th May 2026.

These figures confirm the significant scale of BCRH's operations. With 126,793 general outpatient visits, 12,419 inpatient admissions, 313,748 total laboratory tests, 174,113 total prescriptions, and 3,245 deliveries (normal and caesarean), the hospital is clearly operating at high intensity. The workload data further reinforces the urgency of addressing staffing and equipment gaps identified in this report. For context, the hospital conducted an average of approximately 347 outpatient visits and 34 inpatient admissions per day during FY 2024/2025 — a considerable burden for a facility operating at only 42.1% of its optimal staffing level.

3.8 BUDGETARY CONTEXT

County Health Budget

Bungoma County allocated KES 4.4 billion to Health and Sanitation in FY 2024/25, making it by far the largest departmental allocation within the county's total approved budget of KES 15.2 billion. The Department of Health's allocation stood at KES 3.26 billion (recurrent: KES 3.15 billion; development: KES 146.3 million), while

Hospital Facilities received a separate allocation of KES 1.17 billion on the recurrent side. In FY 2025/26, Hospital Facilities received KES 1.3 billion (recurrent: KES 1.25 billion; development: KES 50 million).

Notwithstanding the scale of this investment, budgetary constraints are explicitly cited in the departmental responses as the reason for:

i. Full equipping of the Mother and Child Block not having been achieved.

ii. Continuation of the Blood Bank construction project being stalled pending identification of a suitable partner.

iii. Staffing gaps that cannot be filled immediately.

FIF and SHA Funding for Health Facilities

County health facilities, including BCRH's specialist units, rely on Facility Improvement Fund (FIF) resources and the Social Health Authority (SHA) for operational funding. The Renal Unit, Eye Clinic, ICU, and Radiology Unit are all dependent on FIF and SHA for supplies and servicing. The NESP fee-for-service model extends this principle to diagnostic imaging equipment, with SHA reimbursing vendors directly per scan or service delivered. While this model reduces county financial exposure, it creates a dependency on SHA reimbursement cycles.

During the fact-finding visit, the Committee visited the SHA Billing Office and observed its day-to-day operations. It emerged that delays in SHA reimbursements and the rejection of certain claims remain major operational challenges. Officers reported that SHA policies change periodically, and that such changes are often effected after patient discharge, making claims difficult to process because discharged patients frequently cannot be traced for re-capture of their biometric and personal data. Consistent system upgrades by SHA also cause processing delays.

With regard to the CT scan specifically, delays in the attachment of radiology results have led to declined payments. SHA requires radiology reports to be attached within three days of service delivery — a condition that had not been previously communicated to radiographers. Earlier payments were declined due to submission delays arising from this lack of communication.

CHAPTER FOUR

4.0 COMMITTEE OBSERVATIONS AND RECOMMENDATIONS

4.1 COMMITTEE OBSERVATIONS

The Committee makes the following observations arising from the fact-finding visit to Bungoma County Referral Hospital (BCRH) and responses received from the County Department of Health and Sanitation:

1) BCRH is operating at only 42.1% of its optimal staffing level, a wholly unsustainable situation for a Level 5 referral hospital serving a county population of 1.7 million. Shortfalls cut across all clinical cadres, from general nurses to specialists. The Committee observes that continued investment in equipment including the CT scan, the upcoming MRI, and expanded specialist units will yield no meaningful results unless the County Executive Member for Health urgently addresses the staffing gap. Recruiting to fill critical clinical posts is a prerequisite for the equipment investments to work.

2) The Blood Bank project has received two tranches of KES 8 million each; in FY 2023/24 and FY 2025/26 yet construction remains incomplete. The first contractor failed to execute the works after site handover. Without decisive procurement action by the County Department of Health, the second KES 8 million tranche risks the same fate as the first. There is need for an clear update on the replacement procurement process and the status of any negotiations with implementing partners, without further delay.

3) The CT scan and upcoming MRI services operate entirely under the NESP fee-for-service model and depend wholly on timely SHA reimbursements to remain viable. The documented billing failures; including claim rejections, policy changes applied after patient discharge, and late attachment of CT scan reports pose a direct threat to the sustainability of diagnostic imaging at BCRH.

4) The 300-bed Mother and Child Block is complete and in use, though not fully equipped and is therefore not operating at its full clinical capacity. The Committee observes that budgetary constraints cannot be an open-ended justification for this gap. An outstanding equipment list, the total estimated cost of full equipping, and a firm procurement timeline must be drawn and disclosed to the committee.

5) BCRH has only seven ICU beds i.e five critical care and two high dependency for a catchment population of 1.7 million. The County Department of Health acknowledges that demand for ICU admission already exceeds available capacity. This gap is untenable and that the County Executive Member for Health must develop and present a concrete plan to either expand the existing ICU or build ICU capacity at appropriate lower-tier facilities. The unmet equipment needs in the newborn ICU and HDU in the maternity wing must be addressed as part of the same plan.

6) The Radiology Unit has a single radiologist managing 1,600 patients per month, including a 24-hour CT scan service. This is unsustainable. The unit requires at least one additional radiologist, seven more radiographers, and two sonographers.

7) The BCRH hospital management was not informed of SHA's requirement to attach radiology reports within three days of service, an omission that has already resulted in declined claims. The County Department of Health must urgently recruit additional radiology staff, and the BCRH hospital management must establish a formal communication channel with SHA to stay current on billing requirements and avoid further revenue loss.

8) The Renal Unit serves approximately 150 dialysis sessions per month and 13 patients per day, yet operates only on weekdays for outpatients and at night, it is on an emergency-only calls. The five available machines and current staffing are insufficient to support the demand. The County Executive Member for Health must present a staffing and operational plan to extend Renal Unit hours to evenings and weekends to meet existing and projected demand.

9) BCRH charges KES 4,500 per CT head scan against a standard rate of KES 6,200, absorbing a KES 1,700 shortfall per scan under the current NESP contract. Additionally, 90% of revenue flows to NESP, leaving BCRH with no financial return from this service. While patients benefit from the lower tariff, the hospital gains nothing it can reinvest in services. These contract terms are unfavourable and, as the NESP contract matures, the County Executive Member for Health must renegotiate the tariff structure and revenue-sharing arrangement to ensure BCRH derives a fair and sustainable return from its diagnostic imaging services.

4.2 COMMITTEE RECOMMENDATIONS

Hon. Speaker, the Committee made the following recommendations:

1. **THAT,** the County Executive Member for Health and Sanitation is directed to submit to the County Assembly, within 60 days of adoption of this Report, a time-bound Staffing Recruitment Plan for BCRH that identifies all vacant clinical posts by cadre, to set out a phased recruitment schedule and commitment to achieving a minimum of 70% optimal staffing levels within the next financial year. The Plan must specifically address specialist posts linked to the CT scan, MRI, and expanded specialist units to ensure that equipment investments translate into actual service delivery.
2. **THAT,** the County Executive Member for Health and Sanitation should submit to the Committee on Health Services within 30 days of adoption of this Report a full account of: the performance failure of the first contractor and any remedial action taken; the current status of procurement of a replacement contractor; and the terms of any partner support negotiations.
3. **THAT**, the Committee further recommends that no further disbursements be made toward the Blood Bank project until a credible and verified procurement plan is in place, to protect the second KES 8 million tranche from the same fate as the first.
4. **THAT,** the County Executive Member for Health and Sanitation should facilitate a formal engagement between BCRH hospital management and SHA within 45 days of adoption of this Report, with the specific objective of resolving all outstanding billing disputes, clarifying current reimbursement protocols, and establishing a standing communication mechanism to ensure BCRH is notified promptly of any changes to SHA billing requirements. A written report on the outcome of this engagement, including the value of claims recovered and the protocol agreed upon, shall be submitted to the County Assembly within 90 days of adoption of this report.
5. **THAT,** the County Executive Member for Health and Sanitation should submit to the County Assembly, within 21 days of adoption of this Report, a comprehensive equipping plan for the Mother and Child Block that includes: a complete inventory of outstanding equipment; the total estimated cost of procurement; identified funding sources; and a procurement timeline with a

target completion date not exceeding the end of the next financial year. The Committee on Health Services shall track implementation on a quarterly basis.

6. **THAT**, the County Executive Member for Health and Sanitation should commission and submit to the County Assembly, within 60 days of adoption of this Report, an ICU Capacity Development Plan that: assesses current demand against existing capacity; proposes specific options for expanding BCRH's existing ICU; and identifies lower-tier facilities where satellite ICU capacity can be developed. The Plan must include cost estimates, a funding strategy, and a phased implementation schedule. Equipment needs in the newborn ICU and HDU in the maternity wing must be addressed as a priority component of the same Plan.
7. **THAT,** the County Executive Member for Health and Sanitation is directed to ensure that BCRH hospital management establishes, within 30 days, a formal protocol with SHA for receiving and acting on billing requirement updates, so that no further claims are declined on account of unfulfilled administrative requirements that were not disclosed to the hospital. Proof of both the recruitment action and the protocol agreement shall be submitted to the Committee on Health Services.
8. **THAT,** the County Executive Member for Health and Sanitation should submit to the County Assembly, within 60 days of adoption of this Report, an operational expansion plan for the Renal Unit that includes: the additional staff required to support evening and weekend dialysis services; a procurement schedule for any additional dialysis machines needed; and a target date for commencement of extended operating hours, not later than the beginning of the next financial year.
9. **THAT**, the County Executive Member for Health and Sanitation to formally initiate renegotiation of the NESP contract governing CT scan services at BCRH, with the objective of: aligning the BCRH tariff to the standard rates and securing a revenue-sharing arrangement that returns a fair proportion of proceeds to BCRH for reinvestment in services. A progress report on the renegotiation, including the position taken by NESP and the County's counter-position shall be submitted to the County Assembly within 90 days of adoption of this Report.

ADOPTION SCHEDULE

The Members of the Sectoral Committee on health Services hereby adopt and append their signatures to this report with the contents herein.

No.	NAME	SIGNATURE
1.	Hon. George Makari	
2.	Hon. Jerusa Aleu	
3.	Hon. Meshack Simiyu	
4.	Hon. Joan Kirong	
5.	Hon. Ali Machani	
6.	Hon. Vitalis Wangila	
7.	Hon. Tony Barasa	
8.	Hon. Jackson Wambulwa	
9.	Hon. Miliah Masungo	
10.	Hon. Grace Sundukwa	
11.	Hon. Jeremiah Kuloba	
12.	Hon. Wafula Waiti	
13.	Hon. Jacob Psero	
14.	Hon. Dorcas Ndasaba	
15.	Hon. Orize Kundu	