



COUNTY ASSEMBLY OF BUNGOMA

OFFICE OF THE CLERK

BUNGOMA COUNTY

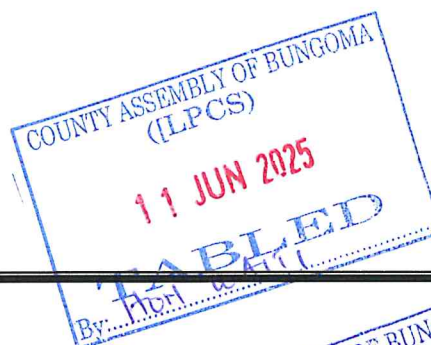
COMMITTEE ON HEALTH

A REPORT

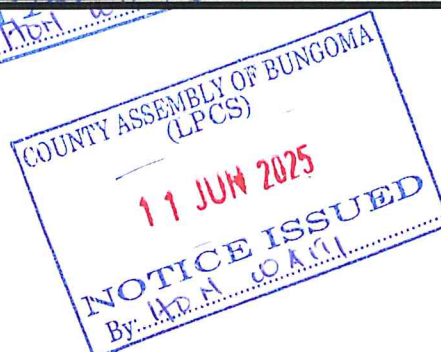
ON

IMPLEMENTATION OF HOUSE RESOLUTIONS FOR THE  
FINANCIAL YEAR 2022/2023 IN THE DEPARTMENT OF HEALTH  
AND SANITATION

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



MAY, 2025



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## CHAPTER ONE

### 1.0 Executive Summary

**Hon. Speaker,**

**Mr. Speaker,** since the advent of the third Assembly, the County Assembly has enacted several pieces of legislation, given policy guidelines and directions through sector committee reports for effective functioning of the county government. It is worth noting that after the adoption and communication of the House resolutions to the relevant executive departments, implementation reports have not been forthcoming despite various attempts by the relevant committees to request for them from the executive.

Pursuant to Standing Order No. 205(2) of the County Assembly of Bungoma Standing Orders, the relevant County Executive Committee Member under whose portfolio the implementation of the resolution falls, is mandated to provide a report, within sixty days of a resolution of the House or adoption of a report of a Select Committee, to the relevant Committee of the County Assembly in accordance with Article 183 (3) of the Constitution.

It is upon this premise that the county Assembly through the Liaison committee requested implementation status of the House resolutions for sector committees for financial year 2022/2023 from the respective departments. The reports were to clearly outline actions undertaken, progress achieved, challenges encountered, and timelines for full implementation of both the resolutions and recommendations contained in the adopted reports, as well as the provisions of the enacted county legislatures relevant to the department. Written submissions were brought through the office of the clerk to facilitate interrogation and reporting by the respective committees on 13<sup>th</sup> and 16<sup>th</sup> May, 2025.

Further, this decision sought to enhance the oversight role of Assembly committees through the Implementation committee by pushing for implementation of the House resolutions as provided for in Assembly Standing orders no. 212.

Finally, the Committee has comprehensively considered the implementation of four reports and one bill and hereby presents this as the committee report for consideration by this House.

### **1.1 Guiding Constitutional and statutory principles**

**Mr. Speaker Sir,**

In line with the oversight mandate granted to the County Assembly under Article 185(3) of the constitution of Kenya, 2010, section 8(1)(b) of the County Governments Act, 2012 and the County Assembly Standing Orders, the County Assembly requested for implementation status reports of the House resolutions for sector committees for financial year 2022/2023.

The committee carried out interrogations of the department focusing on the provisions of the County Assembly of Bungoma Standing Orders no. 205(1) and (2) on county Assembly resolutions;

*(1) The Clerk shall, within seven days of a resolution of the House or adoption of a report of a Select Committee, convey the resolution and where applicable, a copy of the report, to the relevant County Executive Committee Member, independent Commission or holder of a Statutory Body under whose portfolio the implementation of the resolution falls.*

*(2) Within sixty days of a resolution of the House or adoption of a report of a Select Committee, the relevant County Executive Committee Member under whose portfolio the implementation of the resolution falls, shall provide a report to the relevant Committee of the County Assembly in accordance with Article 183 (3) of the Constitution.*

### **Standing Order 212(4); Committee on Implementation states thus;**

(4) The Committee shall scrutinize the resolutions of the House (including adopted Committee reports), Petitions and the undertakings given by the County

Executive Committee and examine—

- a) whether or not such decisions and undertakings have been implemented and where implemented, the extent to which they have been implemented; whether such implementation has taken place within the minimum time necessary; and

b) whether or not legislation passed by the House has been operationalized and where operationalized, the extent to which such operationalization has taken place within the minimum time necessary.

(5) The Committee may propose to the House, sanctions against any Member of the County Executive Committee who fails to report to the relevant Select Committee on implementation status without justifiable reasons.

## **1.2 Committee Mandate**

**Hon. Speaker Sir,**

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

- 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 Sir**, the Committee currently comprises the following Members,

- |                  |             |                    |
|------------------|-------------|--------------------|
| 1. Hon. George   | Makari      | Chairperson        |
| 2. Hon. Jerusa   | Aleu        | Vice – Chairperson |
| 3. Hon. Meshack  | Simiyu      | Member             |
| 4. Hon. Tony     | Barasa      | Member             |
| 5. Hon. Jack     | Wambulwa    | Member             |
| 6. Hon. Orize    | Kundu       | Member             |
| 7. Hon. Wafula   | Waiti       | Member             |
| 8. Hon. Franklin | Simotwo     | Member             |
| 9. Hon. Joan     | Kirong’     | Member             |
| 10. Hon. Vitalis | Wangila     | Member             |
| 11. Hon. Jacob   | Psero       | Member             |
| 12. Hon. Anthony | Lusenaka    | Member             |
| 13. Hon. Job     | Mukoyandali | Member             |
| 14. Hon. Milliah | Masungu     | Member             |
| 15. Hon. Grace   | Sundukwa    | Member             |

#### **1.4 Acknowledgement**

**Hon. Speaker, Sir,**

On behalf of this Committee, I wish to express gratitude to the Offices of the Speaker and the Clerk of the County Assembly for the support provided to the Committee.

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

**Hon. Speaker Sir,** it is now my pleasant duty on behalf of the Committee to present this report to this Honorable House for consideration and adoption.

Sign ..... Date:.....

**HON. GEORGE MAKARI, MCA MUSIKOMA WARD**

**CHAIRPERSON, SECTORAL COMMITTEE ON HEALTH SERVICES**

## **CHAPTER TWO**

### **2.0 Analysis of the committee Reports for FY 2022/2023**

**Mr. Speaker Sir,**

During liaison committee meeting, it was resolved that housing resolutions for FY 2022 and 2023 be considered in terms of how far the relevant departments have adhered to the implementation of the recommendations of Assembly committees contained in the adopted reports by the House. The following three reports and one legislation and the recommendations contained therein were considered by the committee on health services;

1. Report on the fact-finding activity on the status of the collection and usage of own generated revenue on development projects in respect to the department of Health and Sanitation.
2. Report on Health Services on the Bungoma County Government nine months financial statements for FY 2022/23 with respect to the Department of Health and Sanitation.
3. Report on the allegations of negligence, inadequate supply of drugs, corruption and understaffing at Bumula Sub-County hospital and Ndalu Health Centre.
4. Report by the joint committees of justice, cohesion and legal affairs committee & health and sanitation on the petition by Kenya National Union of Nurses (KNUN), Kenya National Union of Medical Laboratory Officers (KNUMLO) and Kenya Union of Clinical Officers (KUCO) on the Bungoma County Health Services Act, 2019.

### **2.1 Interrogation of the implementation status of the house resolutions**

**Mr. Speaker Sir,**

On 15<sup>th</sup> May, 2023, the committee held a consultative meeting with the department of health and sanitation to examine the implementation status of the house resolutions in the four reports by the committee. The department submitted as follows:



## **Submission of implementation reports**

On the requirement to provide an implementation report to the relevant Committee of the County Assembly within sixty days after adoption of a report by the House, in accordance with Article 183 (3) of the Constitution read together with Standing order 205(2) of the County Assembly of Bungoma Standing Orders, the CECM health submitted to the committee that her department has always responded to all resolutions sent to the office within the stipulated timelines. There was no evidence to prove the assertions of the CECM.

### **2.2 Implementation status of committee recommendations**

**Mr. Speaker Sir**, the following are the four reports handled by the committee, departmental responses, committee observation and recommendations on their implementation status of the committee recommendations;

- 1. Report on the fact-finding activity on the status of the collection and usage of own generated revenue on development projects in respect to the department of Health and Sanitation.**

#### **HOUSE RESOLUTION No. 1**

**THAT**, the department should expedite to form and gazette new Hospital Management Boards for seamless operations at the facilities. A progress report on the measures taken should be submitted to the committee within thirty (30) days of adoption of this report.

#### **Committee Observation**

The department implemented the recommendation. Hospital boards are in place and gazettment notice was availed to the committee as evidence.

#### **HOUSE RESOLUTION No. 2**

**THAT**, County Health headquarters should ensure full automation of all hospital operations and revenue collection for all the facilities to avoid revenue leakages. To ensure this is implemented, the County Health headquarters must include the program in the budget planning process and ensure budgetary allocation in the FY 2023/2024.

#### **Departmental response**

A parallel program was undertaken by the department of finance to develop and implement Health Management Information System (HMIS).

**Committee observation**

The department did not implement the recommendation in time. The system was procured by the Finance department. The functionality of the HMIS is currently under the committee's investigating and a fact finding report will be submitted to the House.

**HOUSE RESOLUTION No. 3**

**THAT**, the Department should ensure timely remittance of exchequer releases as per the facility approved budgets to enable the facilities to eliminate the issue of pending bills. Henceforth, facilities should limit expenditures to activities that were strictly budgeted for and approved by the Hospital Management Boards and in proportion to the revenue collected.

**Departmental response**

Facility operations are based on Appropriation In Aid(AIA) that is normally generated from various mapped revenue streams to sustain its operations.

**Committee observations**

The department did not act on the recommendation. Mostly, level one and two hospitals depend on support from the head-quarter through the exchequer for recurrent and development programmes. Level 4 and 5 facilities have AIA whose expenditure is still outside IFMIS hence difficult to monitor expenditure by mother department. The recommendation therefore, should be acted upon.

**HOUSE RESOLUTION No. 4**

**THAT**, the Department of Health should develop a policy on reimbursement of waivers and exemptions to alleviate health facilities from delayed reimbursement of funds by NHIF and Linda Mama schemes;

**Departmental response**

The revamped medical of SHA has no provisions for waivers and exemptions thus allowing full claims. CHPs have boosted SHA registration among indigents to boost the numbers hence ensure affordable access to healthcare.

**Committee observations**

No evidence availed to support the departmental position. Department did not comply with committee's recommendation before SHA came in place. The committee notes that not everyone is currently enrolled on SHA and the PFM Act still provides

for waivers and exemption, hence the department should adhere to the committee's recommendation and report progress within 30 days of the adoption of this report.

#### **HOUSE RESOLUTION No. 5**

**THAT**, there is need for harmonization of the rates paid to casual workers per hospital for uniformity purposes to avoid frequent exits by the casual workers in pursuit for better remuneration in other facilities;

#### **Departmental response**

The transitioned the casual workers to contractual workers with a prescribed pay scheme.

#### **Committee observation**

A communication on the same availed. It is observed that this is a recent development and not all casual workers were transitioned. The department should categorize harmonization of rates paid to both contractual and casual workers. A preogress report should be shared with the committee 30 days from adoption of this report.

#### **HOUSE RESOLUTION No. 6**

**THAT**, the Department of Health should develop a policy on infrastructure development and financing of health services in the health facilities. This will guide in infrastructure development for specialized units like theatre rooms, x-rays, dental and eye units and acquisition and installation of equipment where there is great demand; hence reduce cases of frequent referrals and increase revenue collected from the facilities.

#### **Departmental response**

The department has domesticated the national policy to offer guidance to facilities.

#### **Committee observations**

The department availed a copy of the National Health Infrastructure policy, February, 2017, which is yet to be domesticated. The departments should fast-track and domesticate the National Health Infrastructure Norms and Standards policy and share with the committee within 30 days of the adoption of this report.

## **HOUSE RESOLUTION No. 7**

**THAT**, each County health unit in accordance with provisions of section 30 of the Bungoma County Health Services Act, 2019, should expedite in developing strategic plans for the facilities to aid in preparation of annual estimates of income and expenditure and implement county health policies and programs at the respective levels.

### **Departmental response**

The department has recently developed the health strategic investment plan 2025-2027 on whose facility strategic plans shall be anchored on. The strategic plans for various facilities are at different stages.

### **Committee observations**

The Health Strategic Plan, which is not approved by the Assembly, was availed to the committee. The department should submit the plan for approval by the County Assembly.

## **2. Report on Health Services on on half year financial statements for the period ended 31<sup>st</sup> December 2023, in respect to the department of health and sanitation.**

## **HOUSE RESOLUTION No. 1**

**THAT** the county treasury should urgently investigate the reasons behind the low overall absorption of approved budgets. Identify and address bottlenecks in procurement, cash flow and budget execution.

### **Departmental response**

The department implements the work plan as per the budget, however the reporting is done based on the actual paid majorly affected by exchequer releases.

### **Committee observations**

The department did not provide information whether the county treasury did investigate low overall absorption of approved budgets.

No evidence provided on this. The committee observes that since the report was copied to county treasury, the county treasury should follow up on the

recommendation and report to the committee within 30 days of adoption of this report.

#### **HOUSE RESOLUTION No. 2**

**THAT** the chief officer Health and Sanitation should establish and enforce budgetary discipline as an expenditure control measure, especially for travel, imprest, committees, and utilities, to prevent unsanctioned over-expenditure

#### **Departmental response**

The department of Health and sanitation has endeavored to use IFMIS platform for purposes of control and has done mapping for facilities and opened special purpose account as a road map to onboard IFMIS platform.

#### **Committee observations**

The department of Health and sanitation has not implemented the recommendation. Facilities are still spending outside IFMIS. The department should adhere to committee's recommendation and report progress within 30 days.

#### **HOUSE RESOLUTION No. 3**

**THAT** the department should prioritize spending on core medical supplies to ensure adequacy throughout the year. Future budgets should have funding re-allocated from non-essential areas.

#### **Departmental response**

The department has enhanced budgetary allocations under AIA. to ensure adequacy of provisions with comparison of FY 2023/2024 and 2024/2025.

#### **Committee observation**

No evidence availed to support this position. The department should avail evidence to the committee.

#### **HOUSE RESOLUTION No. 4**

**THAT** all subcounty health units must use IFMIS for all financial transactions, in compliance with the PFMA and county government acts. Training and support should be provided to subcounty staff on how to effectively use IFMIS for budgeting,

expenditure management, and reporting. The department should report implementation status to the committee within 90 days from the adoption of this report.

#### **Departmental response**

The department of Health and Sanitation has undertaken gradual on board to IFMIS platform starting with high volume facilities.

#### **Committee observations**

The department of Health and sanitation has not implemented the recommendation. Facilities are still spending outside IFMIS.

No evidence was availed show steps towards spending through the IFMIS. The department should adhere to committee's recommendation and report progress within 30 days from adoption of this report.

#### **HOUSE RESOLUTION No. 5**

**THAT** the department should standardize reporting formats across all units to enable easier consolidation, comparison and analysis.

#### **Departmental response**

The department has developed standard documents for purpose of reporting in uniformity by facilities.

#### **Committee observations**

There are efforts in implementation of the standard reporting format by the department as shown in the documentation provided. The department should hasten and complete the formulation of a standard format for reporting for facilities.

#### **HOUSE RESOLUTION No.6**

**THAT** the department should build the capacity of facility staff in financial management and reporting to ensure data quality and adherence to timelines.

#### **Departmental response**

The department reported that it is doing on-job training for officers.

#### **Committee observations**

No evidence was provided. The department should ensure that the staff acquire certification in financial management and reporting to avoid audit queries arising from poor financial reporting.

**3. Report on the allegations of negligence, inadequate supply of drugs, corruption and understaffing at Bumula Sub-County hospital and Ndalu Health Centre**

**HOUSE RESOLUTION No. 1**

**THAT**, there is need for urgent induction of the newly inaugurated hospital board members across the county to enable them perform their duties and create smooth operation with hospital managements.

**Departmental response**

The board was inducted on financial management and is up and running.

**Committee observations**

The recommendation was adhered to. Evidence of training of board members was availed.

**HOUSE RESOLUTION No. 2**

**THAT**, County Health headquarters expedite and fully automate collection of revenue to avoid leakages being experienced.

**Departmental response**

A parallel program was undertaken by the department of finance to develop and implement Health Management Information System(HMIS) to ensure efficient administration of finance.

**Committee observation**

There was delay in implementation. The program to develop and implement Health Management Information System (HMIS) was undertaken by the department of finance. The matter is being interrogated by the committee. The committee will report its findings to the house.

### **HOUSE RESOLUTION No. 3**

**THAT** the county government should give clear policy guidelines on waivers, exemptions and reimbursements which are cited as major contributors to the low revenue base in the county.

#### **Departmental response**

The advent of SHA /SHIF, no provision for waivers and exemptions were made.

#### **Committee observations**

Department did not comply with committee's recommendation before SHA/SHIF came in place. The committee notes that not everyone is currently enrolled on SHA and that since the PFM Act still provides for waivers and exemption, the department should adhere to the committee's recommendation and report progress within 30 days from adoption of this report.

### **HOUSE RESOLUTION No. 4**

**THAT** county government should expedite and deploy a pharm-technician at Ndalu Health Centre.

#### **Departmental response**

The department undertook staff rationalization earlier in the year.

#### **Committee observation**

A sschedule on rationalization of staff was availed as evidence to the committee.

### **HOUSE RESOLUTION No. 5**

**THAT** the county government should pay the technical and support staff working at Ndalu Health Centre.

#### **Departmental response**

The department accomplished this through the recent staff rationalization.

#### **Committee observations**

The department did not provide evidence of payment to staff at the facility. This evidence is required as proof of implementation of the recommendation.



## **HOUSE RESOLUTION No. 6**

**THAT** the county government should meanwhile, take up motor vehicle maintenance and fueling of vehicles and electricity bills at Ndalu Health Centre to assist the facility to offer services.

### **Departmental response**

The department does not have an inventory for the said motor vehicle, the government cannot commit itself on its maintenance and operations.

### **Committee observation**

The department did not implement the recommendation. The motor vehicle is said to belong to a partner who is unwilling to hand it over to the county government.

## **HOUSE RESOLUTION No. 7**

**THAT** there is an urgent need for additional recruitment of medical personnel for the two facilities to ensure patients receive the highest level of care possible.

### **Departmental response**

Staff rationalization was undertaken and this matter was considered.

### **Committee observations**

A schedule to support new recruitment was shared to the committee.

## **HOUSE RESOLUTION No. 8**

**THAT** any courtesy call to the facility by leaders and other stakeholders should be coordinated and be done during regular working hours. This will minimize disruptions of normal operations and patient care.

### **Departmental response**

The department suggested that a prior notice should be given before any visit.

### **Committee response**

The department should adhere to committee recommendation and its suggestion as leaders and stakeholders provide oversight all health facilities.

## **HOUSE RESOLUTION No. 9**

**THAT** there should be continuous improvement in maternal healthcare services including efforts to address blood supply challenges and optimize community education and healthcare-seeking behavior to reduce delays in seeking medical care by management of Bumula Sub- County Hospital.

### **Departmental response**

The department submitted that there is improved care after operationalizing the maternity wing.

### **Committee response**

No evidence was availed to the committee. The department should provide evidence to the committee within 30 days from adoption of this report.

## **HOUSE RESOLUTION No. 10**

**THAT**, the Bumula Sub-County hospital management should establish systems for timely referral of expectant women with complications to higher-level healthcare facilities to avoid loss of lives as has been experienced in recent times.

### **Departmental response**

The facility depends on a referral strategy for its operations.

### **Committee observation**

A referral strategy was availed to the committee.

## **HOUSE RESOLUTION No. 11**

**THAT**, the Bumula Sub-County hospital management should involve the community in maternal health programs, raise awareness about the risks of home births and encourage facility-based deliveries in Bumula Sub-County and its environs.

### **Departmental response**

The facility has been undertaking of outreach programs to enlighten the community.

### **Committee observation**

No evidence availed was availed to the committee as proof of the allegation.

## **HOUSE RESOLUTION No. 12**

**THAT**, there should be a clear communication on user-fees to level three and two hospitals in tandem with the relevant laws in place.

### **Departmental response**

The advent of SHA/SHIF has comprehensive listing for user-fees

### **Committee observations**

The department did not adhere to the recommendations of the committee until SHA/SHIF came in place.

## **HOUSE RESOLUTION No. 13**

**THAT**, the monthly wage bill of Ksh. 115,000 and the accrued bill of Ksh. 684,450 comprising motor vehicle repairs of Ksh. 144,250 wages for Casuals of Ksh. 418,200 and electricity bill of Ksh. 122,000 is not sustainable. The department should come in to assist the facility to offer better services to the community.

### **Departmental response**

Due to budgetary constraints the department can only offer support for drugs and non-pharms up to level two hospitals

### **Committee observations**

The committee observes that the department can take advantage of registration to SHA where the facility can raise funds to support its operations.

- 4. THAT, this House adopts the Report by the joint committees of Justice, Cohesion and Legal Affairs Committee & Health and Services on the petition by Kenya National Union of Nurses(knun), Kenya National Union of Medical Laboratory officers(KNUMLO) and Kenya union of clinical officers(KUCO)**

## **HOUSE RESOLUTION No. 1**

**THAT** the implementation of the new organizational structure should be halted and due process be followed in the formulation of a compliant organogram. In the meantime, the joint select committee recommends that the status quo obtaining prior to the formulation of the new organogram be maintained.

**Departmental response**

The status quo was maintained by the department of Health and Sanitation.

**Committee observation**

No evidence was availed to the committee to support the departmental position. The department should submit evidence to the committee.

**HOUSE RESOLUTION No. 2**

**THAT** the County Department of Health and Sanitation within thirty (30) days of adoption of this report, to initiate and submit to the County assembly, amendments of Sections 5,(4)(a) and the Third Schedule of the Bungoma County Health Services Act, 2019 to comply with the High Court ruling in *PHARMACEUTICAL SOCIETY OF KENYA & ANOTHER V ATTORNEY GENERAL & 3 OTHER (PETITION 85 OF 2018)(2021)KEHC 85 (KLR)*

**Departmental response**

The department through advisory of a taskforce on the report did an overhaul review of the Act.

**Committee observation**

A reviewed bill was not availed to the committee and the committee observes that the department should hasten to implement the recommendation.

**HOUSE RESOLUTION No. 3**

**THAT** the Department should expedite the formulation of Regulations to operationalize the Bungoma County Health Services Act, 2019 pursuant to section 48 thereof as read together with paragraph 10 of the second Schedule to the Act and submit the same to the County Assembly within sixty (60) days from the adoption of this report.

**Departmental response**

The regulations will be formulated once the Act has been reviewed.

### **Committee observations**

The committee urges the department to move with speed and review the health Act to pave way for formulation of the regulations to operationalize the Act.

### **HOUSE RESOLUTION No. 4**

**THAT** henceforth, the Department **MUST** ensure stakeholder engagement and public participation in the formulation of the organogram, departmental policies and guidelines pursuant to the provisions of article 10(2)(a) of the Constitution, section 87,88,89,91,94,95 and 96 of the County Government Act, 2012 and other relevant legislation.

### **Departmental response**

The department has taken the advisory and any engagement to this end incorporates stakeholders

### **Committee observations**

No evidence availed to the committee as proof of engaging the stakeholders in departmental issues. Labour Unions are still approaching the Committee with complaints of non-involvement in the affairs of the department.

### **HOUSE RESOLUTION No. 5**

**THAT** henceforth, the Department of Health and Health Sector Unions should embrace dialogue and make use of internal dispute resolution mechanisms to resolve any emerging issues.

### **Departmental response**

The department informed that committee that dialogue has been embraced and things are back to normalcy.

### **Committee observations**

The department did not support its position and the committee still demands evidence of there being and use of internal dispute resolution mechanisms to resolve any emerging issues.

## **HOUSE RESOLUTION No. 6**

**THAT** since the Divisions created are new offices, the department after adoption of the Regulations, must follow the right procedure in creation and abolishing of offices. Consultations should be done with the Board to have the offices created before being filled competitively pursuant to provisions of section 59(1) and 60 of the County Government Act, 2012.

### **Departmental response**

A review of the health act, 2019 is underway, a draft bill has been developed

### **Committee observations**

No draft bill was availed though the department alleged to be undertaking a review of the Act.

## **HOUSE RESOLUTION No. 7**

**THAT** the recruitment in the offices of head of divisions, the sub- County Health management teams and the County Health Management **MUST** be done in compliance with provisions of Article 27 of the constitution specifically non-discrimination on the basis of race, sex, pregnancy, marital status, health status, ethnic or social origin, colour, age, disability, religion, conscience, belief, culture, dress, language or birth and **MUST** portray the face of Bungoma County.

### **Departmental response**

This advisory was considered in the recent recruitment

### **Committee observations**

A list of the names of the newly employed staff was availed to the committee corresponding to the provisions of the law on non-discrimination.

## **CHAPTER THREE**

### **3.0 Committee observations and recommendations**

#### **3.1 Committee Observations**

1. Despite the health department being the user department of the HMIS, the programme was initiated and implemented by Finance department. The committee has undertaken a fact-finding mission to ascertain its effectiveness since installation.
2. All facilities in the county are still spending outside IFMIS hence accountability of resources not ascertained for example pending bills for facilities are not disclosed in their financial statements and reports.
3. The Department of Health domesticated and is using a national policy on Infrastructure Development and Financing of Health Services in facilities. A domesticated policy has not been developed yet.
4. The department has developed standard documents for purposes of uniformity in reporting by facilities. This format has not yet been adopted in facilities.
5. The department has developed a draft bill on the health Services Act, 2019 but has yet to share with the committee.



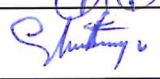

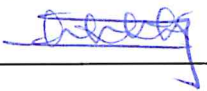

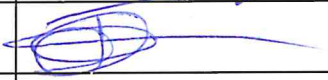

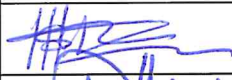

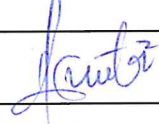
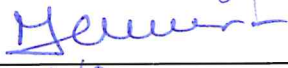

### **3.2 Committee Recommendations**

1. **THAT**, the department should adhere and implement all the committee recommendations illustrated herein and within the timelines stipulated. In case of any failure, the committee will forward the matter to Implementation Committee of the County Assembly for further action.



## ADOPTION SCHEDULE

We, the members of Health Services hereby append our signatures adopting this report with its recommendations.

No	NAME	SIGNATURE
1.	Hon. George Makari	
2.	Hon. Jerusa Aleu	
3.	Hon. Meshack Simiyu	
4.	Hon. Joan Kirong	
5.	Hon. Anthony Luseneke	
6.	Hon. Tony Barasa	
7.	Hon. Jack Wambulwa	
8.	Hon. Miliah Masungu	
9.	Hon. Grace Sundukwa	
10.	Hon. Vitalis Wangila	
11.	Hon. Job Mukoyandali	
12.	Hon. Wafula Waiti	
13.	Hon. Jacob Psero	
14.	Hon. Franklin Simotwo	
15.	Hon. Orize Kundu	