

# COUNTY GOVERNMENT OF BUNGOMA



## COUNTY ASSEMBLY OF BUNGOMA OFFICE OF THE CLERK

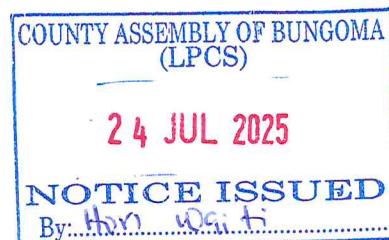
### THIRD ASSEMBLY-FOURTH SESSION

#### COMMITTEE ON HEALTH SERVICES

#### REPORT OF THE STATUS OF FUNCTIONALITY AND MANAGEMENT OF HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS) IN BUNGOMA COUNTY

Clerks Chambers  
County Assembly Buildings  
P.O BOX 1886 - 50200

MAY, 2025



## CHAPTER ONE

### **1.1 Preface**

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

### **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,**

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

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

## **1.4 Background information**

**Mr. Speaker Sir,**

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

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

1. **Data Collection:** Gathers information from health facilities, such as patient visits, disease incidence, vaccinations, and maternal health indicators.
2. **Data Management:** Stores and organizes data in a secure and accessible format.
3. **Reporting and Monitoring:** Generates regular reports for monitoring health trends, performance indicators, and program outcomes.
4. **Decision Support:** Helps health officials, policymakers, and administrators make informed decisions based on accurate and timely data.
5. **Integration:** Can be integrated with other systems like logistics management, electronic medical records (EMR), and disease surveillance systems.

### **1.5 Acknowledgment**

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

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

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

Signed..... Date..... 21<sup>st</sup> April 2025

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

CHAIRPERSON COMMITTEE ON HEALTH SERVICES

## CHAPTER TWO

### **2.0 Consultative meeting with the department**

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

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

### **2.1 The department submitted as follows:**

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

### **2.2 Report on site visits for verification of the HMIS**

The department of Finance and Economic planning formed a team comprising county director of health, deputy director, economic planning and ict officer, health to ascertain the availability and verification of the functionality of the HMIS by Jumbo soft Technologies in 2023.

The team visited several county hospitals across the country including; Busia, Nakuru, Machakos, Kerugoya, Meru and gave its recommendations to the finance and economic planning department for implementation.

Implementation of the Hospital Management Information System started in February 2024. This was to be done across 12 health facilities namely;

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

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

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

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

It was also disclosed to the committee that although the user department was health and sanitation, procurement of the HMIS system was done in the department of Finance and

economic planning. The department explained that at that time, money for the system had been appropriated in the department of finance and economic planning.

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

## **2.2 General challenges being experienced by the facilities**

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

### **Health Records and Information;**

In the Health Records and Information, there were reports of notable shortcomings in MOH reporting. The system lacks tools for generating the MOH 711 report, and the service workload date for the MOH 717 report is invalid. Additionally, the inpatient register fails to categorize patients properly; pediatric, maternity, and adult patients are all recorded in a single report instead of being separated by category. Furthermore, the MOH 705A and MOH 705B reports, which are designed to summarize outpatient data for patients under and over five years old respectively, display only zero values in the system. Further, the number of beds reflected in the system does not align with the actual number available in some facilities, suggesting inaccurate data entry or configuration. Additionally, the dental department report remains blank even after services are provided, indicating a failure in capturing or generating data for that unit.

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

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

### **The Outpatient Registration;**

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

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

### **The Pharmacy department:**

In the Pharmacy department, the system lacks flexibility and user-friendliness. When a prescribed drug needs to be substituted, the system does not allow a direct replacement;

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

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

### **The Inpatient (Wards)**

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

### **The Accounts Department,**

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

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

### **The Laboratory Department**

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

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

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

### **In Radiology**

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

### **In Mother and Child Health (MCH)**

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

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

## CHAPTER THREE

### 3.0 Committee fact finding

**Hon. Speaker Sir.**

The committee in sticking to its madate to investigate and inquire into all matters relating to the assigned departments as they may deem necessary, and as may be referred to them by the County Assembly went out to fact find the situation in selected facilities across the county.

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

| <b>BUMULA SUB COUNTY HOSPITAL</b>      |                                                                                                                                                                                                                       |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>COMMITTEE FINDINGS</b>              |                                                                                                                                                                                                                       |
| <b>HEALTH RECORDS AND INFORMATION.</b> |                                                                                                                                                                                                                       |
| 1.                                     | The system doesn't generate MOH reporting tools                                                                                                                                                                       |
| 2.                                     | The records are generated manually to ensure continuity of care this is very time consuming to the medics and staff.                                                                                                  |
| 3.                                     | History of patients is lost in the system. The patient data can not be accessed.                                                                                                                                      |
| <b>OUTPATIENT</b>                      |                                                                                                                                                                                                                       |
| 1.                                     | Once payment is done the system doesn't close, the clinicians and nurses cannot get a summary of patients attended to, further they cannot see the results of a patient from from triage then sent to the laboratory. |
| 2.                                     | In the case of gender based violence patients and prisoners a different medic cannot access the information therefore forcing the initial doctor to write down manually.                                              |
| <b>PHARMACY</b>                        |                                                                                                                                                                                                                       |
| 1.                                     | In the event where a patient's drug needs to be substituted, system cannot do so, but can only delete it, yet the process is too long and cumbersome.                                                                 |

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| <ol style="list-style-type: none"> <li>2. The system has too many tedious processes, for very simple tasks.</li> <li>3. The drugs stocks can be dispensed, even when they are not stocked in the system.</li> <li>4. The system cannot sum pharmacy reports, it gives inaccurate stock in reports vis a vis the physical stock.</li> <li>5. In the pharmacy workload report, the drugs that are supposed to have been classified are not.</li> </ol> |
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| <b>LAB</b> |
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| <ol style="list-style-type: none"> <li>1. Challenges in network leading to delays in the attendance of patients</li> <li>2. Cumulative monthly reports cannot be generated by the system.</li> </ol> |
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| <b>NETWORK ISSUES</b> |
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| <ol style="list-style-type: none"> <li>1. The jumbo soft personnel take so long in responding to the challenges raised by the users, for instance there was an issue raised in March and was responded to in June.</li> <li>2. There is no LAN in the facility leading to network delays</li> <li>3. Jumbosoft official responded by saying that the hardware part should be sorted by the Hospital management according to the contract and not them.</li> </ol> |
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| <b>ACCOUNTS</b> |
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| <ol style="list-style-type: none"> <li>1. The accountant cannot generate the amount collected from the registry and pharmacy</li> </ol> |
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| <b>OTHER DEPARTMENTS</b> |
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| <ol style="list-style-type: none"> <li>1. It was noted that the system does not work in inpatient and maternity</li> </ol> |
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**Committee observations**

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

**NAITIRI SUB COUNTY HOSPITAL**

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| <b>COMMITTEE FINDINGS</b> |
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| <b>DEPARTMENT: OUTPATIENT CLINICAL DEPARTMENT.</b> |
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| <ol style="list-style-type: none"> <li>1. The system does not have all the recommended ICD 11 diagnosis.</li> </ol> |
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| 2. The system does not give a provision for editing an entry, in case of a misdiagnosis. |
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| <b>INPATIENT (WARDS)</b> |
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| 1. The nurses and other staff can not fully handle the discharge process in the system for lack of training. |
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| <b>HEALTH RECORDS DEPARTMENT.</b> |
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| 1. The system is fed with unrealistic information e.g the number of beds in the system does not commensurate with the actual number of beds in the facility.                                  |
| 2. The system is not working at the dental department for lack of equipment like laptops and desktops to record. Hence the report for dental department is always blank even after work done. |
| 3. The format for MOH reports are not customized to fit national reporting standards and its not auto-populated hence data cannot be populated.                                               |

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

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

### **Committee observations**

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

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

### **KIMILILI SUB COUNTY HOSPITAL.**

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

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| <ol style="list-style-type: none"> <li>2. Any diagnosis can go through/dispatched so long as they are doctor's notes.</li> <li>3. The system does not have all the recommended ICD 11 diagnosis.</li> <li>4. The system does not allow any review of patients history by a nurse</li> </ol> |
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| <b>INPATIENT</b> |
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| <ol style="list-style-type: none"> <li>1. There is instability and delays in the system at the department.</li> </ol> |
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| <b>PHARMACY</b> |
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| <ol style="list-style-type: none"> <li>1. The system is unstable, it keeps hanging and going offline.</li> <li>5. Patients' registration is sometimes duplicated causing double costing</li> </ol> |
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| <b>DENTAL</b> |
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| <ol style="list-style-type: none"> <li>1. The system does not allow a walk-in module at the department.</li> </ol> |
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### **Committee observations**

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

### **BUNGOMA COUNTY REFERRAL HOSPITAL**

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

#### **OCCUPATIONAL THERAPY**

1. The system is not integrated with patient's history or billing. Difficulty in accessing patient clinical history and progress notes. The charges for the department are not mapped/activated.

#### **LABORATORY**

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

#### **MCH – MOTHER CHILD HEALTH.**

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

#### **INPATIENT**

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

### **Committee observations**

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

### **SIRISIA SUB - COUNTY HOSPITAL**

| <b>COMMITTEE FINDINGS</b>                                                                                                                                                                                      |
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| <b>REVENUE /BILLING.</b>                                                                                                                                                                                       |
| 1. The system records cash payments made, this means that the Hospital has not automated revenue collection leading to leakages                                                                                |
| <b>HEALTH RECORDS AND INFORMATION</b>                                                                                                                                                                          |
| 1. The facility workload report is not fully updated.<br>2. Monthly reports cannot be generated automatically<br>3. Patient history can be accessed the following day                                          |
| <b>LABORATORY</b>                                                                                                                                                                                              |
| 1. Lab MOH reports are missing.<br>2. Not able to retrieve previous data<br>3. In case jumbosoft fails they resort back to manual which is time consuming                                                      |
| <b>PHARMACY</b>                                                                                                                                                                                                |
| 1. Not able to manage commodity<br>2. Only billing can be done without waivers                                                                                                                                 |
| <b>CLINICAL</b>                                                                                                                                                                                                |
| 1. Drug prescription cannot be seen at the pharmacy when posting results<br>2. Challenges with internet connectivity leading to delays in posting patients diagnoses<br>3. Monthly reports cannot be generated |

**MEDICAL ENGINEERING**

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

**OTHER DEPARTMENTS**

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

**Committees observations**

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

## **CHAPTER FOUR**

### **4.0 Committee General Observations And Recommendations**

#### **Committee General Observations**

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

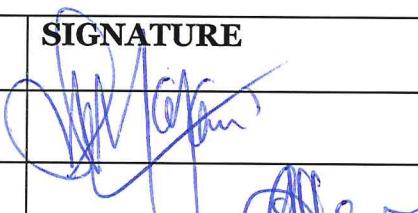
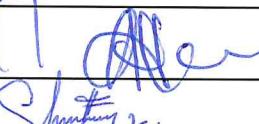
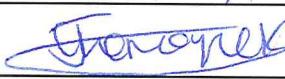
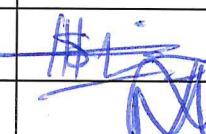
## **Committee General Recommendations**

The committee recommends as follows:

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

## ADOPTION SCHEDUL

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 Luseneka |    |
| 6.  | Hon. Tony Barasa      |     |
| 7.  | Hon. Jack Wambulwa    |     |
| 8.  | Hon. Miliah Masungo   |                                                                                       |
| 9.  | Hon. Grace Sundukwa   |                                                                                       |
| 10. | Hon. Vitalis Wangila  |   |
| 11. | Hon. Job Mukoyandali  |   |
| 12. | Hon. Wafula Waiti     |  |
| 13. | Hon. Jacob Psero      |   |
| 14. | Hon. Benard Kikechi   |                                                                                       |
| 15. | Hon. Orize Kundu      |   |