COUNTY GOVERNMENT OF BUNGOMA

COUNTY ASSEMBLY OF BUNGOMA

COUNTY ASSEMBLY DEBATES

THE DAILY HANSARD

WEDNSDAY, 29TH JULY, 2026

Morning Sitting

3rd County Assembly **5th Session**

Version 00 **Revision 00**

Disclaimer: *The electronic Version of the Official Hansard Report is for information purposes only.*

A certified Version of this report can be obtained from the Hansard Editor.

COUNTY ASSEMBLY OF BUNGOMA

THE DAILY HANSARD

WEDNESDAY, 29TH JULY, 2026

The house met at 9:30a.m.

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

PRAYER

PAPERS

REPORT OF THE SECTORAL COMMITTEE ON TRADE, ENERGY AND INDUSTRIALIZATION ON THE CONSIDERATION OF THE FINANCIAL STATEMENTS FOR THE PERIOD ENDING DECEMBER 2025

Mr. Deputy Speaker: The Chair or member of that Committee Hon. John Kennedy Wanyama.

Hon. Kennedy Wanyama: Thank you, Honorable Speaker. I rise to table a report of the sectoral Committee on Trade, Energy and Industrialization on the consideration of Financial Statements for the department of Trade Energy and Industrialization for the period ending December 2025.

(Report tabled by Hon. Kennedy Wanyama)

Mr. Deputy Speaker: Honorable members, this report having been tabled becomes the property of the House henceforth.

REPORT OF THE SECTORAL COMMITTEE ON AGRICULTURE, LIVESTOCK, FISHERIES, IRRIGATION AND CO-OPERATIVES DEVELOPMENT ON THE CONSIDERATION OF FIRST AND SECOND QUARTER FINANCIAL STATEMENTS AND REPORTS FOR THE PERIOD ENDED 31ST DECEMBER 2025.

Mr. Deputy Speaker: Hon. Alice Nanyama Kibaba,

Hon. Alice Kibaba: Honorable Speaker, I stand to table the repot of the sectoral Committee on Agriculture, Livestock, Fisheries, Irrigation and Co-operatives Development on consideration of First and Second Quarter Financial Statements and reports for the period ended 31st December 2025.

(Report tabled by Hon. Alice Kibaba)

Mr. Deputy Speaker: Thank you, Hon. Kibaba. Honorable members, this report and committee on Agriculture, Livestock, Fisheries, Irrigations and Co-operatives Development having been tabled becomes the property of the House.

Next item,

NOTICES OF MOTION

REPORT OF THE SECTORAL COMMITTEE ON TRADE, ENERGY AND INDUSTRIALIZATION ON THE CONSIDERATION OF THE FINANCIAL STATEMENTS FOR THE PERIOD ENDING DECEMBER 2025

Mr. Deputy Speaker: Hon. Kennedy Wanyama,

Hon. John Kennedy Wanyama: Thank you, Honorable Speaker. I rise to give a notice of motion that this House adopts the report of the sectoral committee on Trade Energy and Industrialization on consideration of Financial Statements for the period ending December 2025.

Mr. Deputy Speaker: Thank you, Hon. Wanyama. Honorable members, a report by the Trade, Energy and Industrialization committee notice having been issued, I now direct that it be circulated to Honorable members so that you acquaint yourselves and it will form part of business to be considered by the House after ratification by House Business Committee.

REPORT OF THE SECTORAL COMMITTEE ON AGRICULTURE, LIVESTOCK, FISHERIES, IRRIGATION AND CO-OPERATIVES DEVELOPMENT ON THE CONSIDERATION OF FIRST AND SECOND QUARTER FINANCIAL STATEMENTS AND REPORTS FOR THE PERIOD ENDED 31ST DECEMBER 2025.

Mr. Deputy Speaker: Hon. Alice!

Hon. Alice Kibaba: Honorable Speaker, I stand to issue a notice that this House adopts the report of the sectorial Committee on Agriculture, Livestock, Fisheries, Irrigation and Co-operatives Development on consideration of first and Second Quarter Financial Statements and reports for the period ended 31st December 2025.

Mr. Deputy Speaker: Thank you, Hon. Kibaba. Honorable members, a notice of motion having been issued, I direct that the same be circulated to Honorable members so that you acquaint yourselves as it will come as business for this House after the House Business Committee ratifies the same.

MOTION

REPORT OF THE PUBLIC ACCOUNTS AND INVESTMENT COMMITTEE ON CONSIDERATION OF REPORTS OF THE AUDITOR GENERAL ON BUNGOMA COUNTY LEVEL 4 AND LEVEL 5 HEALTH FACILITIES FOR FY 2024/2025

Mr. Deputy Speaker: Hon. Mukoyandali Job, I want to believe your Chair PAIC guided you on the resolution of Liaison Committee that reports, Chair, I want to believe you guided this very able teacher on how to present this report. Hon. Mukoyandali, proceed. Am very sure you are guided.

Hon. Job Mukoyandali: Unfortunately Honorable Speaker, I am surprised that I was supposed to get some guidance but now that you are chairing the session, you will guide as I move on.

Mr. Deputy Speaker: Very well, an indictment to the Chair. He has to pull up and guide his members.

Hon. Job Mukoyandali: Thank you, Honorable Speaker. I am here to move a report of the Auditor General of the Bungoma County level 4 and 5 health facilities FY 2024. Actually these are 10 reports in one

On behalf of members of Public Accounts and Investment Committee and pursuant to the provisions of Standing Order No. 209 and in accordance to Article 278 of the Constitution of Kenya 2010,it's my pleasure and duty to present to this Assembly the committee report of the Auditor General of Bungoma County level 4 and 5 Health Facilities for the FY ended 24/25

Can I move to the committee membership?

Committee Membership

1. Hon. Everton Nganga	Chairperson
2. Hon. Job Mukoyandali	Vice Chairperson
3. Hon. Charles Nangulu	Member
4. Hon. Cornelius Makhanu	Member
5. Hon. Florence Juma	Member
6. Hon. Maureen Wafula	Member
7. Hon. Allan Nyongesa	Member

8. Hon. Metrine Nangalama Member
9. Hon. Kennedy Wanyama Member
10. Hon. Evelyn Anyango Member
11. Hon. Sheila Sifuma Member

Acknowledgment

The Committee wishes to express its gratitude to your office for allowing us sit outside the precincts of the County Assembly to prepare this report.

Further, our great thanks go to the office of the Clerk for facilitating the committee to execute its mandate and lastly the secretariat of the committee and the officers from the office of Auditor General for exemplary technical and logistical support that led to the production of this report.

On behalf of the Public Accounts and Investments Committee, I now wish to move this report and urge the Honorable House to adopt it with the recommendations therein.

Report signed by Hon. Everton Nganga Chairperson Public Accounts and Investment Committee.

Audit Opinions

Qualified Opinion

A Qualified Opinion is issued when the Auditor-General concludes that, except for material misstatements noted, the financial statements are fairly presented in accordance with the applicable financial reporting framework. The issues, though material, are not so widespread or persistent as to warrant an adverse opinion. All ten health facilities received a Qualified Opinion, as listed below:

Name of Hospital	Level
Bungoma County Referral Hospital	Level 5
Bokoli Sub-County Hospital	Level 4
Bumula Sub-County Hospital	Level 4
Cheptais Sub-County Hospital	Level 4

Chwele Sub-County Hospital	Level 4
Kimilili Sub-County Hospital	Level 4
Mt. Elgon Sub-County Hospital	Level 4
Naitiri Sub-County Hospital	Level 4
Sirisia Level 4 Hospital	Level 4
Webuye Level 4 Hospital	Level 4

Key Audit Findings

The following consolidated table summarizes all key findings raised by the Auditor General across all ten facilities:

Finding	**Hospitals Affected**
Incomplete Disclosure of In-Kind Contributions and Employee Costs	Bungoma County Referral
Inaccuracy / Non-Disclosure of Property, Plant and Equipment (PPE)Balances	All ten health facilities
Accuracy of Financial Statements / Statement Inconsistencies	Sirisia, Kimilili, Mt. Elgon, Naitiri, Webuye, Bumula, Bokoli
Budgetary Control and Performance	All ten facilities
Unresolved Prior Year Audit Matters	All ten facilities

Doubtful Recoverability of NHIF/SHA Receivables	Bungoma County Referral, Cheptais, Bumula, Chwele, Naitiri
Anomalies in Disclosure / Non-Compliance with Public Sector Accounting Standards Board (PSASB)Template	Sirisia, Bumula, Kimilili
Irregular Repairs and Maintenance	Sirisia
Long Outstanding Trade and Other Payables	Sirisia, Chwele, Bumula, Naitiri, Bokoli
Failure to Meet Level 4/5 Hospital Requirements	All ten health facilities
Non-Compliance with Facilities	Bungoma County Referral, Bumula,

Finding	**Hospitals Affected**
Improvement Financing Act, 2023	Kimilili, Mt. Elgon, Naitiri, Bokoli
Automated Health Management Information System Failures	Bungoma County Referral
Non-Compliance with Staff Ethnic Diversity Rule	Webuye, Sirisia, Cheptais
Failure to Gazette Hospital as Level 4 Facility	Sirisia

Lack of Risk Management Policy and Risk Registers	All ten health facilities
Weaknesses in ICT Internal Controls	Sirisia, Chwele, Webuye, Kimilili
Weaknesses in Revenue Collection and Billing Systems	Bumula, Chwele, Mt. Elgon, Webuye
Weaknesses in Inventory Management	Bumula, Chwele
Failure to Establish Internal Audit Unit and Audit Committee	Chwele, Kimilili, Naitiri, Bokoli, Mt. Elgon
Failure to Gazette Board Members	Chwele
Failure to Undertake Safety and Health Audits	Bumula, Chwele, Kimilili, Naitiri
Operating without an Approved Strategic Plan	Bungoma County Referral, Chwele, Naitiri
Lack of Proper Waste Management System	Chwele, Naitiri
Lack of Land Ownership Documents	Cheptais, Mt. Elgon, Naitiri, Sirisia, Kimilili, Chwele, Bumula
Finding	**Hospitals Affected**
Lack of Approved Annual Procurement Plan	Naitiri, Bokoli
Stalled and Unbudgeted Construction Projects	Webuye
Failure to Maintain Board Members Personal Files and Conduct Performance Evaluation	Mt. Elgon
Undefined Drug Pricing Policy	Mt. Elgon

Ineffective Motor Vehicle Management	Mt. Elgon
Revenue Billing Internal Controls Weaknesses	Mt. Elgon
Misstatement of Net Assets and Unsupported Receivables	Bokoli
Lack of Imprest Register	Kimilili
Lack of Approved Budget	Naitiri, Bokoli
Management of Pharmaceuticals - Expired Drugs and Medical Waste	Naitiri, Chwele

Incomplete Disclosure of In-Kind Contributions and Employee Costs - Bungoma County Referral Hospital

Committee Observation

The Committee observed that the statement of financial performance and Note 6 of Bungoma County Referral Hospital reflect in-kind contributions from the County Government of Kshs.22,280,840 in respect to salary payments to hospital staff for July 2024 to December 2024 only. The hospital did not recognize the staff salaries for the remaining six months of the financial year (January 2025 to June 2025) as in-kind contributions from the County Government, resulting in incomplete disclosure of both revenue and expenditure.

Furthermore, Note 11 to the financial statements reflects employee costs of Kshs. 22,280,840, only in respect of wages for contractual and casual employees, for July 2024 to December 2024. Employee costs for the remaining six months, from January to June 2025, were not disclosed.

Additionally, the salaries for four hundred and thirteen (413) permanent staff deployed at the hospital were not determined nor included in the financial statements, rendering them materially incomplete and potentially misleading.

Committee Recommendation

The Accounting Officer of Bungoma County Referral Hospital should always ensure formal

review and reconciliation framework for in-kind contributions, including validation of payroll from the County government before preparation of the financial statements to prevent incomplete disclosure, the auditor general to keep this in view in subsequent audits.

Inaccuracy of Property, Plant and Equipment Balances Committee Observation

The Committee observed that nine of the ten health facilities did not fully and accurately disclose their property, plant and equipment (PPE) in the financial statements, contrary to International Public Sector Accounting Standards (IPSAS) and Regulation 136(1) of the PFM (County Government Regulations), 2015:

1. **Bungoma County Referral Hospital**: PPE balance of Kshs.129, 157,098. Land, buildings, and medical equipment were not valued for inclusion. An ongoing construction of a 300-bed mother and baby hospital at 97% completion valued at Kshs.280, 447,357 was not included under work-in-progress.
2. **Sirisia Level 4 Hospital**: PPE balance of Kshs.1,083,430 differed from Note 32 balance of Kshs.865,651 - unexplained variance of Kshs.217,779. Land, buildings, motor vehicles, and furniture owned by the hospital were not valued or disclosed.
3. **Bumula Sub-County Hospital**: Statement of financial position reflects a Nil PPE balance despite the hospital possessing land, buildings, assorted furniture, fittings, and specialized medical equipment - none of which were valued or included. There was no title deed for the land. No fixed assets register was maintained.
4. **Chwele Sub-County Hospital:** PPE balance of Kshs.3, 713,000 was understated. Freehold land, capital work-in-progress, ICT equipment, furniture, buildings, and motor vehicles were not valued. There were no ownership documents for motor vehicles, land, or developments therein. There was no updated asset register.
5. **Kimilili Sub-County Hospital**: PPE balance of Kshs.1, 654,535. Freehold land, capital work-in-progress, buildings, and motor vehicles were not valued. No ownership documents for motor vehicles or land. There was no updated asset register.
6. **Mt. Elgon Sub-County Hospital**: PPE balance of Kshs.6, 749,994. Land and buildings occupied by the hospital were not valued for inclusion. There was no title deed for the land.
7. **Naitiri Sub-County Hospital:** PPE balance of Kshs.134, 768. ICT equipment, furniture, buildings, and motor vehicles were not valued. There were no ownership documents for the motor vehicle or the land. There was no updated

asset register.

8. **Cheptais Sub-County Hospital**: Occupies 6 acres of land without a title deed.
9. **Bokoli Sub-County Hospital:** has an ongoing land dispute that is causing delays in planned expansions and long-term development efforts.

No facility maintained an updated Fixed Assets Register in the format prescribed by the National Treasury Guidelines.

Committee Recommendation

1. THAT, all Accounting Officers of County Health Facilities immediately commission professional valuation of all assets, update their Fixed Assets Registers in the format prescribed by the Public Sector Accounting Standards Board (PSASB), and submit a progress report to the County Assembly within sixty (60) days of the adoption of this Report.
2. The Accounting Officer for Health Services to fast truck the title deed process for the hospitals' land and submit a status report to the county assembly within 60 days of the adoption of this report.
3. The 300-bed mother and baby hospital under construction at Bungoma County Referral Hospital should be included under work-in-progress in financial statements until its completion.

Inaccuracy and Inconsistencies in Financial Statements-

Committee Observation

The Committee observed material inaccuracies and un-reconciled variances within and between financial statements across several facilities:

Sirisia Level 4 Hospital

1. Revaluation reserves of Kshs.1, 703,853 in the Statement of Financial Position (SOFP) versus Nil in the statement of changes in net assets -The variance was not explained. Accumulated surplus of Kshs.2, 987,430 in the Statement of Financial Position (SOFP) differs from Kshs.4, 691,284 in the statement of changes in net assets. PPE of Kshs.1, 083,430 in the Statement of Financial Position (SOFP) differs from Note 32 balance of Kshs.865, 651 -The un-reconciled variance was Kshs.217,779.
2. Net cash outflows from operating activities was stated as Kshs.3,392,105; recalculation yielded Kshs.1,142,614

(Loud consultation)

Mr. Deputy Speaker: Honorable members, I request that you follow this report. I don't know if he is reading to himself or to us. I do not know if we are following it honestly.

Hon. Job Mukoyandali: With unexplained variance of Kshs.2, 249,491. Opening cash balance of Kshs.1, 674,304 as at 1st July 2024 was not disclosed in the statement of cash flows.

Bumula Sub-County Hospital

1. Medical/clinical costs were reported at Kshs.6,048,000 versus ledger balance of Kshs.7,302,106 (a variance of Kshs.1,254,106); general expenses Kshs.6,249,105 versus ledger balance of Kshs.7,232,510 (a variance of Kshs.983,405); repairs and maintenance Kshs.3,292,074 versus ledger balance of Kshs.3,098,124 (a variance of Kshs.193,950). All variances were unexplained and un-reconciled.
2. Comparative repairs and maintenance figure of Kshs.932,430 differs from prior year audit of Kshs.821,590 (a variance of Kshs.110,840); comparative total expenses of Kshs.23,273,057 differ from audit Kshs.23,162,217 (same Kshs.110,840 variance - suggesting figures were altered without disclosure). Cash and cash equivalents comparative of Kshs.703, 075 related to a different bank account than that in the prior year audited statements, with no explanation.

Kimilili Sub-County Hospital

1. **Statement of changes in net assets:** net assets of Kshs.2, 098,614 versus Statement of Financial Position (SOFP) balance of Kshs.12, 391,857 with unexplained variance of Kshs.10, 293,243. Capital fund balance of Kshs.288, 826 versus recalculated balance of Kshs.13, 937,651, a variance of Kshs.13, 648,825.
2. **Statement of cash flows:** net cash outflows of Kshs.7,914,676 versus Note 23 balance of Kshs.33,106,248, un-reconciled variance of Kshs.41,020,924. Net decrease in cash of Kshs.2, 255,280 versus recalculated Kshs.9,726,682 ,a variance of Kshs.7,471,402.
3. Statement of comparison of budget and actual amounts shows reported actual surplus of Kshs.288,826 and budgeted surplus of Kshs.2,544,106; recalculation reveals actual deficit of Kshs.26,783,225 and budgeted deficit of Kshs.10,659,422 - Un-reconciled variances of Kshs.27,072,051 and Kshs.13,203,528 respectively.
4. Medical income of Kshs.47, 275,846 included P3 Forms of Kshs.40, 800 and Oxygen of Kshs.58,000 without supporting schedules or ledgers for audit review.

Mt. Elgon Sub-County Hospital

1. Medical service fees of Kshs.21,243,584 in financial statements differ from supporting ledgers of Kshs.21,377,210 - unexplained variance of Kshs.54,150, with the ledger recording more income than declared.
2. Medical services contracts losses of Kshs.725,950 (waivers and exemptions) was not supported by ledgers or approvals - creating risk of fraud concealment.
3. Rendering of services comparative of Kshs.18,331,234 differs from prior year audit figure of Kshs.17,376,332 (variance: Kshs.954,902); PPE comparative of Kshs.5,586,091 differs from prior year Kshs.7,454,200 (variance of Kshs.1,868,109); accumulated depreciation comparative of Kshs.698,525 differs from audit prior year Kshs.660,800 (a variance of Kshs.37,728) - indicating adjustment of previously audit figures.

Naitiri Sub-County Hospital

1. Medical income of Kshs.13, 978,435 in financial statements differs from supporting ledger amount of Kshs.15, 995,743 - unexplained variance of Kshs.2, 017,308.
2. Receivables from exchange transactions of Kshs.8,665,972 in financial statements differs from supporting ledger balance of Kshs.5,363,679 - unexplained variance of Kshs.3,302,293.

Webuye Level 4 Hospital

- The finding on Cash and cash equivalents balance of Kshs.939,721 is addressed, as Management provided a schedule of un-presented cheques documented and a Certificate of bank balance as at 30thJune, 2025 which were verified by the OAG.
- The finding on variances between Financial Statements and Ledgers is addressed, as Schedules supporting the amount of Kshs.50, 588,655 were provided by management and verified by the OAG.

Bokoli Sub-County Hospital

- The statement of changes in net assets reflects net assets of Kshs.352, 636. However, opening balances as at 1st July, 2024 were restated - accumulated surplus from audit prior year deficit of Kshs.1,937,957 to Nil, and capital fund from Kshs.13,932,938 to Kshs.193,000 - creating unexplained negative variances of Kshs.1,937,957 and Kshs.13,739,938 respectively, without any documentation or explanation from management.

- Receivables of Kshs.6, 836,500 included other exchange debtors of Kshs.6, 775,250 without supporting debtors' ledgers indicating date of occurrence, names of debtors, services provided, or attributed amounts.

Committee Recommendation

1) All accounting officers for County Health Facilities to undertake prior year adjustments when preparing financial statements to ensure reconciliation of variances in medical/clinical costs, general expenses, repairs and maintenance in the subsequent audit cycles in compliance with section 149(2)(b) of the finance management Act Cap.412A and section 47(2) of public audit Act, Cap.412B in the preparation and management of financial and accounting records.
2) The Accounting Officers for County Health Facilities to enhance the capacity of in-post officers preparing financial statements to comply with the Public Sector Accounting Standards and to invest in technology to enhance efficiency to improve accuracy of the financial statements.

Budgetary Control and Performance

Committee Observation

The Committee observed significant budgetary control weaknesses across nine health facilities, as summarized below:

Facility	Revenue Budget (Kshs.)	Actual Revenue (Kshs.)	Variance	Remarks
Bungoma County Referral	227,604,883	382,003,945	+68%	Over-expenditure +48% (Kshs.105.9M); opening balance of Kshs.56.9M not included in budget
Bokoli Sub-County	13,585,628	14,981,649	+10%	Over-expenditure +14% (Kshs.1.8M)

Bumula Sub-County	21,225,957	19,153,719	-10%	Under-utilization - 13%; no variance explanations; approved budget and minutes not provided
Cheptais Sub-County	52,062,016	51,105,676	-2%	Under-utilization - 11%; attributed to healthcare workers' strike and late SHA reimbursement
Chwele Sub-county	28,559,421	17,833,808	-38%	Under-expenditure - 31%; planned activities not

Facility	**Revenue Budget (Kshs.)**	**Actual Revenue (Kshs.)**	**Variance**	**Remarks**
				Implemented
Kimilili Sub -County	Unconfirmed	Unconfirmed	Disputed	Recalculated actual deficit Kshs.26.8M versus reported surplus Kshs.288,826
Naitiri Sub -County	10,337,658	16,793,245	+62%	Over-expenditure +55% (Kshs.5.7M); supplementary budget adjustment rejected by County Assembly

Sirisia Level 4	39,972,313	23,014,473	-42%	Under-expenditure - 40%; planned activities and projects not implemented
Webuye Level 4	209,035,447	181,725,398	-13%	Under-expenditure - 14%; attributed to healthcare workers' strike and delayed NHIF reimbursement

The under-funding and under-absorption patterns indicate that many activities and projects in the annual plans were not implemented, negatively impacting service delivery.

Committee Recommendation

1) All Accounting Officers for County Health Facilities must ensure annual budgets are formally approved, disclosed in financial statements with full explanations for all material variances, and that expenditure is maintained within approved limits.
2) The County Treasury should strengthen expenditure controls and ensure all hospitals submit their approved budgets with approval minutes to the Auditor General for all subsequent audit cycles.

Unresolved Prior Year Audit Matters Committee Observation

The Committee observed that all ten health facilities had persistent unresolved issues from prior year audit reports, with no facility providing adequate evidence of resolution or satisfactory explanation for the delay. Specific concerns include:

1. **Bungoma County Referral Hospital**: Management indicated three issues as resolved, two as partially resolved, and one as not resolved, but provided no supporting documents to demonstrate how the resolved issues were addressed. Five issues remained unresolved: Unsupported Grants from Donors and Development Partners; Unsupported Inventory Adjustment; Non-Compliance with Kenya Quality Model for Health Policy Guidelines on Staffing; Failure to transfer revenue to the County revenue fund; and failure to maintain a fixed assets register.

2. **Sirisia Level 4 Hospital:** None of the issues from the prior year were resolved, and no explanation was given for the delay.
3. **Bumula Sub-County Hospital:** Annex 1 to the financial statements (progress on follow-up of Auditor recommendations) did not contain all issues raised in the prior year audit, with no explanation for the omissions or for failure to implement recommendations.
4. **Chwele Sub-County Hospital**: The status of implementation of the Auditor-General's recommendations was not disclosed in the financial statements as required by the Public Sector Accounting Standards Board (PSASB) reporting template.
5. **Cheptais, Kimilili, Mt. Elgon, Naitiri, Webuye, and Bokoli Sub-County Hospitals**:

   No documentary evidence was provided indicating resolution of prior year issues, with no satisfactory reasons given for the delay.

Committee Recommendation

All Accounting Officers for County Health Facilities should resolve any issues resulting from previous audits that remain outstanding in accordance with section 149 of the PFM as read together with section 53(1) of the Public Audit Act, the auditor to keep this in view in subsequent audit cycles.

Doubtful Recoverability of Defunct NHIF and Long Outstanding SHA Claims

Committee Observation

The Committee observed long-outstanding receivables from the defunct National Hospital Insurance Fund (NHIF) and the Social Health Authority (SHA) across multiple facilities, raising serious concerns about recoverability:

1. **Bungoma County Referral Hospital:** Receivables of Kshs.115,738,454 included defunct NHIF claims of Kshs.33,197,315 and SHA claims of Kshs.82,541,139 - all outstanding for more than the contractually prescribed 90 days. The SHA contract stipulates clean claims shall be paid within ninety days.
2. **Cheptais Sub-County Hospital**: Receivables of Kshs.13, 308,975 included NHIF claims of Kshs.7,398,000 outstanding for more than two years. No recovery action was taken, and the NHIF to SHA transition raised further uncertainty about recoverability.
3. **Bumula Sub-County Hospital:** SHA receivables of Kshs.7, 903,462 remained

uncollected in breach of Regulation 63(1) of the PFM (County Governments) Regulations, 2015, which holds Accounting Officers personally responsible for prompt collection of public revenue.

4. **Chwele Sub-County Hospital:** Receivables of Kshs.11,252,590 included Kshs.6,000,000 from NHIF and Kshs.5,252,590 from SHA, both outstanding for more than 90 days without a debtor management policy or ageing analysis.

5. **Naitiri Sub-County Hospital:** SHA receivables of Kshs.8, 665,972 had been outstanding since November 2024 - more than eight months before the financial year end - with no explanation for failure to recover.

Committee Recommendation

The Accounting Officers of all health facilities should immediately escalate outstanding NHIF and SHA claims to the County Executive and the respective bodies, pursuing all available administrative, legal, and diplomatic remedies.

A formal debtor management policy with ageing analysis should be implemented at each facility to prevent future accumulation of long-outstanding receivables. Further, the County Executive Committee Member responsible for Health, through the respective Accounting Officers, should submit a comprehensive progress report to the County Assembly within sixty (60) days of the adoption of this Report detailing the actions taken to recover the outstanding claims, implement the debtor management policy, and address the status of all pending receivables.

Anomalies in Presentation and Disclosure - Non-Compliance with PSASB Reporting Template

Committee Observation

The Committee observed that several health facilities did not comply with the financial reporting template for Level 4 and Level 5 hospitals issued by the Public Sector Accounting Standards Board (PSASB), contrary to Section 194(d) of the Public Finance Management Act, 2012:

1. **Sirisia Level 4 Hospital**: Board of Management report and responsibilities were not captured in the Table of Contents; details for explanation of material differences between actual and budgeted amounts were not provided; Chairman's Statement and report of the Medical Superintendent was unsigned; names of signatories to financial statements were not indicated; notes linked to Statement of Cash Flows disclosures

were missing; ICPAK membership number of the head of finance was not indicated.

2. **Bumula Sub-County Hospital:** Board of Management report did not indicate the principal activity of the hospital and contained incorrect page numbers. Note 4b did not state the date of approval of the original budget, hospital name, or financial year. Reference note numbers in the financial statements were mismatched to the actual Notes.
3. **Kimilili Sub-County Hospital:** Statement of comparison of budget and actual amounts contained un-reconciled recalculation variances; no disclosures on resolution of prior year matters as required by the Public Sector Accounting Standards Board(PSASB) template.

Committee Recommendation

The Accounting Officers of all health facilities must ensure strict adherence to the annual financial reporting template for Level 4 and Level 5 hospitals issued by the Public Sector Accounting Standards Board (PSASB). A mandatory internal review by a qualified ICPAK practitioner should be conducted before any financial statements are submitted to the Auditor General.

Irregular Repairs and Maintenance - Sirisia Level 4 Hospital Committee

Observation

The Committee observed that Sirisia Level 4 Hospital paid Kshs.129, 920 in advance for the repair of an X-Ray machine .The payment was described as a consultation fee payable before actual repair could commence, as services were not available locally. As at the time of audit in November 2025, the X-Ray machine remained non-functional. The hospital additionally paid Kshs.150, 000 for the repair of a theatre bed, which had also not been repaired at the time of audit. Total unsupported expenditure amounted to Kshs.279, 920, representing payment made before delivery of services.

Furthermore, a laundry drier machine and a washing machine procured and installed in 2019 at a cost of Kshs.2,500,000 and Kshs.3,500,000 respectively had never been functional since installation - representing a total of Kshs.6,000,000 in public funds with no benefit to the hospital or the residents

Committee Recommendation

I. The Accounting Officer of Sirisia Level 4 Hospital should immediately recover the Kshs.279, 920 paid for repairs not yet rendered and institute a policy requiring

certification of completed repairs before payment, a progressive report on the recovery to be submitted to the county assembly within or after 60 days from adoption of this report.

II. The County should investigate the six-year non-functional status of the laundry machines and take action to either repair them or board them for disposal and replacement.

Long Outstanding Trade and Other Payables

Committee Observation

The Committee observed that several facilities carried long-outstanding trade and other payables in breach of Section 41(2) of the PFM (County Governments) Regulations, 2015, which provides that debt service payments shall be a first charge on the County Revenue Fund:

1. **Sirisia Level 4 Hospital:** Total payables of Kshs.10, 907,393 included Kshs.10, 044,867 outstanding for over one year with no repayment plan or schedule provided.
2. **Bumula Sub-County Hospital:** Total payables of Kshs.6, 357,845 had remained unsettled for more than one year without justification, contrary to Section 45(3)(a) of the Public Procurement and Asset Disposal Act, 2015.
3. **Chwele Sub-County Hospital**: Total payables of Kshs.8, 177,178 included Kshs.5, 245,878 outstanding for more than one year with no explanation from management.
4. **Naitiri Sub-County Hospital:** Total payables of Kshs.14,532,218 included Kshs.5,246,128 outstanding for more than three years, Kshs.3,957,490 for more than two years, and Kshs.5,328,600 for more than twelve months. Management did not explain why old payables had not been paid as a first charge.
5. **Bokoli Sub-County Hospital:** Total payables of Kshs.5, 400,608 included Kshs.2, 512,538 outstanding for more than twelve months with no repayment measures provided.

Committee Recommendation

The Accounting Officers of all affected health facilities should immediately prepare repayment schedules and settle all long-outstanding payables in order of age.

A comprehensive progress report on the implementation of this recommendation shall be submitted to the County Assembly within sixty (60) days of the adoption of this Report.

Further, the County Treasury should prioritize the allocation of adequate funds in the next subsequent budget to facilitate the clearance of outstanding supplier debts, thereby preventing litigation, maintaining supplier confidence, and ensuring the uninterrupted supply of essential drugs and medical consumables.

Failure to Meet Level 4 and Level 5 Hospital Requirement

Committee Observation

The Committee observed that all ten health facilities failed to meet the staffing, equipment, and infrastructure requirements of the Kenya Quality Model for Health Policy Guidelines and the Health Act, 2017. The overall staffing deficits are summarized below:

Facility	Required Staff	Actual Staff	Deficit	Percentage %
BUNGOMA County Referral (Level 5)	323	209	114	35%
Bokoli Sub-County	101	20	81	80%
Bumula Sub-County	101	27	74	73%
Cheptais Sub-County	101	27	74	73%
Chwele Sub-County	101	25	76	75%
Kimilili Sub-County	101	63	38	38%
Mt. Elgon Sub-County	101	36	65	35%
Naitiri Sub-County	101	3	98	97%
Sirisia Level 4	101	3	98	97%
Webuye Level 4	101	91	10	10%

Bungoma County Referral Hospital (Level 5) - Staffing and Equipment

Personnel	Level 5 Standard	Actual Numbers	Deficit
Medical Officers	50	23	27
Anesthesiologists	7	1	6
General Surgeons	4	2	2

Gynecologists	4	2	2
Pediatrics	4	3	1
Radiologists	4	2	2
Kenya Reg. Community Health Nurses	250	176	74
TOTAL	**323**	**209**	**114**

Sirisia Level 4 Hospital - Staffing Shortfalls

Item	Level 4 Standard	Number in Hospital	Deficit	Percentage (%)
Medical Officers	16	3	13	81%
Anesthesiologists	2	0	2	100%
Radiologist	2	0	2	100%
Total	20	3	17	85%

Sirisia Level 4 Hospital - Equipment Shortfalls

Services	Level 4 Standard	Actuals	Deficit	Percentage (%)
Resuscitaire in Labour Ward	2	1	1	50%
New Born Unit Incubators	5	2	3	60%
Functional ICU Beds	6	0	6	100%
HDU Beds	6	0	6	100%
Renal Units (5 dialysis machines)	5	0	5	100%
Total	24	3	21	88%

Additional deficiencies at Sirisia: No mortuary or body-holding facility; X-ray machine non-functional for over 6 months; theatre lacking patient monitor and electrical operating

bed; laundry machines and washing machines (procured 2019 at Kshs.6M) never functional since installation; physiotherapy lacking key equipment (nerve stimulators, treadmill, microwave therapy, ultrasound, shortwave diathermy); hematology analyzer not in use due to reagent stock out.

Cheptais Sub-County Hospital - Staffing Shortfalls

Staff Requirements	Level 4 Standard	Number in Hospital	Deficit	Percentage (%)
Medical Officers	16	1	15	93%
Anesthesiologists	2	0	2	100%
General Surgeons	2	0	2	100%
Gynecologists	2	0	2	100%
Pediatricians	2	0	2	100%
Radiologists	2	0	2	100%
Reg. Community Health Nurses	75	26	49	65%
Total	101	27	74	73%

Cheptais Sub-County Hospital - Equipment Shortfalls

Service	Level 4 Standard	Actuals	Deficit
Baby Cots	5	0	5
Functional ICU Beds	6	0	6
HDU Beds	6	0	6

Renal Unit with dialysis machines	5	0	5
Bed Capacity	150	70	80

Cheptais also lacks a functional mortuary - a critical requirement for a Level 4 facility.

Bumula Sub-County Hospital - Staffing Shortfalls

Item	Level 4 Standard	Actual in Hospital	Deficit	Percentage (%)
Medical Officers	16	3	13	81%
Anesthesiologists	2	0	2	100%
General Surgeon	2	0	2	100%
Gynecologists	2	0	2	100%
Pediatricians	2	0	2	100%
Radiologists	2	0	2	100%
Reg. Community Health Nurses	75	24	51	68%
Total	101	27	74	73%

Bumula Sub-County Hospital- Equipment Shortfalls

Services	Level 4 Standard	Actuals	Deficit	Percentage (%)
Resuscitaire in Labour Ward	2	2	0	0%
New Born Unit Incubators	5	3	2	40%
Functional ICU Beds	6	0	6	100%
HDU Beds	6	0	6	100%
Renal Units (5 dialysis machines)	5	0	5	100%

Functional Operating Theatres	2	1	1	50%
Total	26	6	20	77%

Chwele Sub-County Hospital - Staffing Shortfalls

Item	Level 4 Standard	Number in Hospital	Deficit	Percentage (%)
Medical Officers	16	3	13	81%
Anesthesiologists	2	0	2	100%
General Surgeon	2	0	2	100%
Gynecologists	2	0	2	100%
Pediatricians	2	1	1	50%
Radiologists	2	1	1	50%
Reg. Community Health Nurses	75	17	58	77%

Chwele Sub-County Hospital - Equipment Shortfalls

Services	Level 4 Standard	Actuals	Deficit	Percentage (%)
Resuscitative in Labour Ward	2	1	1	50%
New Born Unit Incubators	5	2	3	60%
Functional ICU Beds	6	0	6	100%
HDU Beds	6	0	6	100%
Renal Units (5 dialysis machines)	5	0	5	100%
Functional Operating Theatres	2	0	2	100%

Kimilili Sub-County Hospital - Staffing Shortfalls

Item	Level 4 Standard	Number in Hospital	Deficit	Percentage (%)
Medical Officers	16	6	10	63%
Anesthesiologists	2	0	2	100%
General Surgeon	2	0	2	100%
Gynecologists	2	0	2	100%
Pediatricians	2	0	2	100%
Radiologists	2	0	2	100%
Reg. Community Health Nurses	75	58	17	23%

Kimilili Sub-County Hospital - Equipment Shortfalls

Item	Level 4 Standard	Actuals	Deficit	Percentage (%)
Resuscitaire in Labour Ward	2	1	1	50%
New Born Unit Incubators	5	5	0	100%
Functional ICU Beds	6	0	6	-100%
HDU Beds	6	0	6	100%
Renal Units (5 dialysis machines)	5	0	5	100%
Functional Operating Theatres	2	1	1	50%

Mt. Elgon Sub-County Hospital - Staffing Shortfalls

Personnel	Level 4 Standard	Actual Numbers	Deficit
Medical Officers	16	3	13
Anesthesiologists/anesthetic-diploma	2	2	0
General Surgeons	2	0	2
Gynecologists	2	0	2
Pediatrics	2	0	2
Radiologists	2	1	1
Kenya Reg. Community Health Nurses	75	70	5
Total	143	82	61

Mt. Elgon Sub-County Hospital - Equipment Shortfalls

Service	Level 4 Standard	Actual Numbers	Deficit
Beds	150	68	82
Resuscitative	2	0	2
New Born Unit Incubators	5	2	3
New Born Unit Cots	5	8	-3
Functional ICU Beds	6	0	6
HDU Beds	6	0	6
Renal Unit	5	0	5

Maternity and General Theatre	2	1	1
Total	181	79	102

Naitiri Sub-County Hospital - Staffing Shortfalls

Staff Requirement	Level 4 Standard	Number in Hospital	Deficit
Medical Officers	16	3	13
Anesthesiologist	2	0	2
General Surgeons	2	0	2
Gynecologists	2	0	2
Pediatrics	2	0	2
Radiologist	2	0	2
Kenya Reg. Community Health Nurses	75	0	75
Total	101	3	98

Naitiri Sub-County Hospital - Equipment Shortfalls

Services	Level 4 Standard	Number in Hospital	Deficit
Beds	150	50	100
Resuscitaire	2	2	0
New Born Unit Incubators	5	0	5
New Born Unit Cots	5	0	5

Functional ICU Beds	6	0	6
HDU Beds	6	0	6
Renal Unit (5 dialysis machines)	5	0	5
Two Functional Operating Theatres	2	1	1

Bokoli Sub-County Hospital - Staffing Shortfalls

Staff Requirement	Level 4 Standard	Number in Hospital	Deficit
Medical Officers	16	1	15
Anesthesiologist	2	0	2
General Surgeons	2	0	2
Gynecologists	2	0	2
Pediatrics	2	0	2
Radiologist	2	0	2
Kenya Reg. Community Health Nurses	75	19	56
Total	101	20	81

Bokoli Sub-County Hospital - Equipment Shortfalls

Services	Level 4 Standard	Number in Hospital	Deficit
Beds	150	22	128

Resuscitaire	2	1	1
New Born Unit Incubators	5	3	2
New Born Unit Cots	5	3	2
Functional ICU Beds	6	0	6
HDU Beds	6	0	6
Renal Unit (5 dialysis machines)	5	0	5
Two Functional Operating Theatres	2	0	2

Webuye Level 4 Hospital - Staffing Shortfalls

Item	Level 4 Standard	Number in Hospital	Deficit	Percentage (%)
Medical Officers	16	13	3	19%
Anesthesiologists	2	1	1	50%
Total	18	14	4	22%

Webuye Level 4 Hospital - Equipment Shortfalls

Services	Level 4 Standard	Actuals in Hospital	Deficit	Percentage (%)
Functional ICU Beds	6	0	6	100%
HDU Beds	6	0	6	100%
Renal Units (5 dialysis machines)	5	0	5	100%

Resolved Issues:

The Committee notes that several equipment-related concerns raised by the Auditor General at Webuye Level 4 Hospital have been addressed. The anesthesia machines, suction machines, surgical diathermy machine, and physiotherapy equipment (including electrical nerve stimulators, treadmill, and microwave therapy units) were serviced and restored to functionality. In addition, the waste management concern was resolved. The Hospital also provided evidence that one fixed X-ray machine had been transferred to Kimilili Sub-County Hospital and that one ultrasound machine had been serviced, demonstrating partial progress in addressing equipment deficiencies. Further, management presented a Health Strategy Paper outlining long-term interventions to address staffing and equipment shortages across county health facilities.

Unresolved Issues:

Despite the progress made, several concerns remain outstanding. The mortuary remains severely overcrowded, with a capacity of 16 bodies but holding 38 bodies at the time of audit. The dental X-ray machine has not yet been serviced, while the status of the remaining X-ray and mobile X-ray units is yet to be confirmed. One ultrasound machine was declared obsolete and awaits disposal. Additionally, all laundry and centrifuge machines were confirmed obsolete but have not been formally boarded and disposed off. These unresolved issues indicate that significant gaps in equipment functionality and infrastructure capacity still require urgent attention.

Committee Recommendation

The Committee recommends that the Accounting Officer for Health and Sanitation should prioritize and budget for the hiring of all required professional staff including medical officers, anesthesiologists, surgeons, gynecologists, pediatricians, and radiologists, as well as procurement of all essential equipment including ICU beds, HDU beds, renal dialysis machines, functional theatres, incubators, and resuscitators to attain compliance with the Kenya Quality Model for Health Policy Guidelines. The Accounting Officer shall submit a progressive report to the County Assembly within sixty (60) days of the adoption of this Report.

Non-Compliance with Facilities Improvement Financing Act, 2023

Committee Observation

The Committee observed that six health facilities failed to comply with Section 5(2) of the Facilities Improvement Financing Act, 2023, which requires each public health facility to open a special purpose Facility Improvement Financing bank account into which all monies received by or on behalf of the facility shall be paid:

1. **Bungoma County Referral Hospital**: A facility improvement bank account was opened on 7th June, 2023, but monies were not paid into this account, and the

account was not disclosed in the financial statements.

2. **Bumula Sub-County Hospital**: A special purpose account was opened on 31st July 2024, but monies were not paid into it and the account was not disclosed in the financial statements.
3. **Kimilili Sub-County Hospital**: No special purpose Facility Improvement Financing bank account had been opened.
4. **Mt. Elgon Sub-County Hospital:** No special purpose Facility Improvement Financing bank account had been opened.
5. **Naitiri Sub-County Hospital**: No account had been opened; the County Government had only made an application.
6. **Bokoli Sub-County Hospital:** No special purpose Facility Improvement Financing bank account had been opened.

Committee Recommendation

1. All Accounting Officers for County Health Facilities must immediately ensure full compliance with the Facilities Improvement Financing Act, 2023 by opening and operationalizing designated facility improvement financing accounts, ensuring all facility revenues are paid into these accounts, and fully disclosing these accounts in the annual financial statements for the subsequent audit for the year 2025/2026.
2. **THAT,** the Accounting Officer for Health Services to ensure that all the Hospitals immediately cease the transfer of FIF revenues to the County Revenue Fund Account and comply fully with Section 5 of the Facility Improvement Financing Act, Cap. 277.
3. **THAT,** the Accounting Officer for County Health Facilities to ensure that all FIF funds improperly transferred to the County Revenue Fund are fully reversed and returned to the Hospitals' FIF operational accounts, a progress report on the same to be submitted to the County Assembly within 60 days from adoption of this report.

Bungoma County Referral Hospital Automated Health Management Information System

Committee Observation

The Committee observed that the County Executive of Bungoma procured the Bungoma Referral Hospital Automated Health Management Information System at a cost of Kshs.32, 900,000 in FY 2023-2024. An audit inspection conducted on 1st October 2025 revealed the following anomalies that raise serious concerns about value for money:

i. The system takes too long to start.

ii. Only partial data is captured; the system does not contain full details required for reporting.

iii. The system does not update on a real-time basis, resulting in incomplete and inaccurate reports. Financial reports could not be generated from the system as at the time of audit.

iv. Laboratory requests for revisiting patients are not captured, causing patients to restart from registration and repay for services already rendered.

v. Lack of interface among hospital departments means service delivery and communication are conducted verbally to a large extent.

vi. The system lacks functionality to manage walk-in patients in critical service areas.

vii. The vendor provides slow response with no physical presence in real time to address ground issues, causing uncertainty in operations.

Despite an expenditure of Kshs.32, 900,000, the system remained unable to generate financial reports approximately 18 months after procurement. These raises serious questions about value for money and the effectiveness of the County's contract management. While implementing this system, digital health agency rolled out National wide system Taifa care Tiberbu which means the purchased machine will never be used and thus the money spend on its purchase has gone to waste.

Committee Recommendation

THAT, the Auditor-General undertakes a forensic audit in the subsequent audit cycle on the Bungoma County Referral Hospital Automated Health Management Information System, with specific focus on procurement value for money, system functionality, data integrity, and contract performance.

Non-Compliance with Staff Ethnic Diversity Rule

Committee Observation

The Committee observed that three hospitals were in breach of Section 7(2) of the National Cohesion and Integration Act, 2008, which stipulates that no public establishment shall have more than one-third of its staff from the same ethnic community:

1. **Webuye Level 4 Hospital**: Out of 22 Senior Management staff, 14 (63.7%) were from the local dominant community. Out of 262 other contract staff, 208 (80%) were from the local dominant community. Management acknowledged this and noted that recruitment is centralized under the County Public Service Board, and

requisitions had been made for ethnic balancing during deployment.

2. **Sirisia Level 4 Hospital**: Out of 15 Universal Health Care staff, 14 (93%) were from the local dominant community. Out of 106 permanent and pensionable staff, 86 (81%) were from the local community.
3. **Cheptais Sub-County Hospital:** Out of 86 staff and 10 Board members (total 96 persons), 49 (51%) were from the dominant community. Specifically, 8 out of 10 Board members (80%) and 41 out of 86 staff (47%) were from the dominant community.

Committee Recommendation

The County Public Service Board and the Chief Officer for Health and Sanitation should take corrective measures to ensure that all recruitment and deployment decisions fully comply with the National Cohesion and Integration Act, 2008.In subsequent years, recruitment and deployment processes should actively redress the existing ethnic imbalance and promote equitable representation of all communities. Annual progress reports on ethnic diversity compliance should be submitted to the County Assembly.

Failure to Gazette Sirisia Hospital as a Level 4 Facility

Committee Observation

The Committee observed that Sirisia Level 4 Hospital obtained a license from the Medical Practitioners and Dentists Council (MPDC) on 21st January 2025 authorizing its operations as a Level 4 Hospital. However, the Hospital had not been formally gazetted as a Level 4 facility by the County Department of Health as required under the relevant regulatory framework. This omission affects the Hospital's eligibility for certain Government funding, staffing norms, and service level responsibilities associated with Level 4 status, undermining the hospital's ability to fully operationalize as a Level 4 facility.

Committee Recommendation

The Chief Officer for Health and Sanitation should immediately initiate the formal gazettement of Sirisia Level 4 Hospital as a Level 4 facility to regularize its legal status and unlock its full entitlements to Government funding, staffing allocations, and service delivery mandates. The Chief Officer shall submit a progress report the County Assembly within thirty (60) days of the adoption of this report.

Lack of Risk Management Policy and Risk Registers

Committee Observation

The Committee observed that all ten health facilities lacked approved risk management policies and risk registers, contrary to Regulation 158(1) of the PFM (County Governments) Regulations, 2015, which requires County Government entities to develop risk management strategies including fraud prevention mechanisms and systems of internal control. All ten facilities – Bungoma County Referral, Bokoli, Bumula, Cheptais, Chwele, Kimilili, Mt. Elgon, Naitiri, Sirisia, and Webuye – operated without a structured risk identification, assessment, or mitigation framework. Formal risk assessments were not performed on any key financial risk areas such as cash, revenue, and expenditure at any facility. Naitiri Sub-County Hospital additionally lacked a recruitment policy for casual employees and a formalized fraud prevention mechanism. Management for Webuye Level 4 Hospital presented:

(i) The Risk Management Policy of the Bungoma County Executive, and

(ii) A Risk Register specific to Webuye Level 4 Hospital.

The Committee notes that while the Risk Register for the hospital has been developed, the Risk Management Policy provided belongs to the Bungoma County Executive as a whole and is not a hospital-specific risk management policy as required under Regulation 158(1) of the PFM (County Governments) Regulations, 2015. The matter is therefore only partially addressed for Webuye. All nine remaining facilities have not addressed this finding.

Committee Recommendation

The County Executive Committee Member for Health and sanitation should ensure that all ten health facilities develop and implement comprehensive risk management policies and maintain updated risk registers.

Evidence of compliance and implementation should be submitted to the County Assembly within 60 days of the adoption of this Report.

Weaknesses in Information Communication Technology Internal Controls

Committee Observation

The Committee observed significant ICT governance weaknesses at several facilities:

1. Sirisia Level 4 Hospital: There is no offsite backup system; network not protected by firewalls; computers not protected by anti-virus software; no CCTV cameras; ICT department managed by a single staff member without a dedicated workspace.
2. Chwele Sub-County Hospital: there was no approved ICT policy; no ICT security policy; no policy on physical access to the ICT environment; no ICT continuity and

disaster recovery plan; no approved ICT Strategic Committee or Steering Committee.

3. Webuye Level 4 Hospital: there was no active IT Steering Committee; no structured IT training program; no approved IT security policy; no documented change management; no emergency procedures for IT-related incidents; no IT continuity or disaster recovery plan; assets were not tagged; no effective backup strategy. The hospital relies on asoftware ("Funds Soft") donated in 2012 that has no governance framework.
4. Kimilili Sub-County Hospital: ICT Department has only one officer; no ICT strategic plan; no approved ICT policy; no ICT Steering Committee; no remote backup or replication server; no backup system.

Committee Recommendation

The Committee recommends that the Accounting Officer for health and sanitation ensure that a facility-specific ICT Policy and ICT Strategic Plan are finalized, approved, and implemented. The Accounting Officer shall further ensure that an ICT Steering Committee is formally established and operationalized, and that a verified remote backup and data replication server is put in place to strengthen data security and disaster recovery mechanisms. The implementation of this recommendation shall be monitored in subsequent audit cycles.

Weaknesses in Revenue Collection and Billing Systems

Committee Observation

The Committee observed significant weaknesses in revenue collection and billing systems at four facilities:

1. Bumula Sub-County Hospital: Partially automated billing system where patient data from registration, appointments, and consultation was inconsistent; pharmacy section operated manually; the system developer retained super user rights; the ICT officer had limited access and was untrained on the system; management had not been granted administrative rights - creating a high risk of data manipulation, unauthorized corrections to posted transactions, and revenue leakage.
2. Chwele Sub-County Hospital: Partially automated billing system with no segregation of staff roles in revenue collection; system unable to capture all relevant event logs; unauthorized bill reversals possible; no comprehensive user activity reports; some services not billed. These weaknesses created a risk of revenue manipulation and potential loss.
3. Webuye Level 4 Hospital: Management provided schedules supporting Kshs.

50,588,655, which were verified by the OAG. This specific issue is resolved. Broader systemic controls over revenue billing remain a concern.

4. Mt. Elgon Sub-County Hospital: Patients billed manually using undefined criteria with no auditable trail; no revenue reconciliation to ensure amounts received matched amounts recorded; undefined drug pricing policy creating risk of revenue manipulation at the point of drug dispensing.

Committee Recommendation

The Accounting Officer for health and sanitation to ensure:

i. The system developers train and equip the ICT personnel at the facilities and immediately hand over all user rights for data safety.
ii. Comprehensive user reports for the billing systems should be prepared on quarterly basis and submitted to the County Assembly and the auditors during the audit period.
iii. The respective Departments shall also second ICT personnel and other relevant technical officers to support implementation and ensure effective operationalization of the systems and compliance requirements within the same period. All revenue collections must be through the system.

Weaknesses in Inventory Management

Committee Observation

The Committee observed weaknesses in inventory management at Bumula and Chwele Sub-County Hospitals:

1. Bumula Sub-County Hospital: No bin cards were maintained for stores items; closing stock balances from the prior financial year were not accounted for; annual stock-taking was not conducted, contrary to Regulation 104(1) of the PFM (County Governments) Regulations, 2015. The First Expiry, First Out (FEFO) principle could not be confirmed.
2. Chwele Sub-County Hospital: Pharmaceutical, non-pharmaceutical, and laboratory stores lacked air conditioning and adequate refrigeration for drugs and blood. All stores lacked shelving, with inventories stored in disorganized boxes. Stock cards did not capture batch numbers or expiry dates. Expired drugs

of undetermined value were stored together with usable stock with no disposal

plans. The FEFO principle could not be confirmed.

Committee Recommendation

The Accounting Officers of Bumula and Chwele Sub-County Hospitals should immediately conduct a comprehensive stock count, update all store records with bin cards and stock cards capturing batch numbers and expiry dates, and implement the FEFO principle.

All pharmaceutical stores should be fitted with adequate refrigeration and shelving.

Expired drugs should be separated, quantified, and disposed of through the approved KEMSA disposal process, and this shall be monitored in subsequent audits to ensure full compliance and accountability.

Failure to Establish Internal Audit Unit and Audit Committee

Committee Observation

The Committee observed that Chwele, Kimilili, Naitiri, Mt. Elgon, and Bokoli Sub-County Hospitals had not established functional internal audit units and audit committees, contrary to Section 155(1) of the PFM Act, 2012 and Regulation 167(1) of the PFM (County Governments) Regulations, 2015:

1. Chwele Sub-County Hospital: Had not established an Internal Audit function and Audit Committee, in breach of Regulation 167(1).
2. Kimilili Sub-County Hospital: No Internal Audit function established at the facility level; the County Treasury audit unit reportedly covers the facility but no facility-specific audit reports were produced.
3. Naitiri Sub-County Hospital: Operated without an internal auditor throughout the year; no risk assessments, risk register, internal audit charter, or work plan established.
4. Mt. Elgon Sub-County Hospital: No operational internal audit unit; no internal audit reports provided showing any oversight by the County Treasury team.
5. Bokoli Sub-County Hospital: Operated without an internal auditor; no internal audit reports were produced.

The Committee notes that while the County Audit Unit and Audit Committee are domiciled at the County Treasury, their actual oversight presence at the Level 4 facilities could not be confirmed in the absence of facility-specific internal audit reports.

Committee Recommendation

The County Audit Unit should immediately extend active, documented oversight to all Level 4 hospitals and produce annual facility-specific internal audit reports. Where facilities share an Audit Committee, the formal approval required under Regulation 167(2) of the PFM Act must be in place and duly documented, and a progress report on implementation of this to be submitted to the County Assembly within 60 days from the date of adoption of this report, with the matter thereafter to be continuously monitored in subsequent audits to ensure full compliance and effectiveness.

Failure to Gazette Hospital Board Members - Chwele Sub-County Hospital

Committee Observation

The Committee observed that Chwele Sub-County Hospital Board of Management members had not been formally gazetted and their appointment letters were not provided for audit review, contrary to Part 1.11 of the Mwongozo Code of Governance, 2015. Without proper gazzetment, the regularity of the Board's appointment and the legality of its decisions - including financial approvals, expenditure authorizations, and governance decisions - could not be confirmed.

Committee Recommendation

The accounting officer for Health and sanitation should immediately ensure procedural appointment of the Board members, ensuring the requirements for appointments are met. The composition should reflect the necessary mix of skills and competency required under governance parameter 1.1(6) and does the gazette appointment.

Failure to Undertake Safety and Health Audits

Committee Observation

The Committee observed that Bumula, Chwele, Kimilili, and Naitiri Sub-County Hospitals failed to carry out mandatory annual safety and health audits, contrary to Section 11(1) of the Occupational Safety and Health Act, 2007. Additionally, Bumula Sub-County Hospital was not registered as a workplace under the Directorate of Occupational Safety and Health Services and had not conducted mandatory fire safety audits or annual occupational safety and health audits by approved OSH advisors, placing both staff and patients at risk.

Committee Recommendation

All Accounting Officers for County Health Facilities must immediately register their facilities as workplaces under the Directorate of Occupational Safety and Health Services and conduct annual safety and health audits by approved OSH advisors. Evidence of compliance should be

submitted to the County Assembly annually, and the implementation of this recommendation shall be monitored in subsequent audits to ensure full compliance and sustained adherence to occupational safety and health standards.

Operating without an Approved Strategic Plan

Committee Observation

The Committee observed that three health facilities operated without approved strategic plans, contrary to Section 149(2) (g) of the Public Finance Management Act, 2012:

1. Bungoma County Referral Hospital has no approved strategic plan or health plan. The hospital lacked approved guidelines on physical infrastructure investment, human resource strategy, risk factor control strategies (including tobacco and alcohol abuse), strategies for communicable and non-communicable diseases, and community engagement strategies as prescribed by the Bungoma County Health Services Act, 2019.
2. Chwele Sub-County Hospital has no strategic plan, as a result, the hospital had no clear goals, no performance tracking framework, and no basis for systematic resource allocation.
3. Naitiri Sub-County Hospital equally has no strategic plan, no ICT policy, and no recruitment policy for casual employees, no formalized fraud prevention mechanism, and no structured internal control framework.

Committee Recommendation

The County Executive Committee Member for Health and Sanitation shall ensure that all Level 4 Hospitals and the County Referral Hospital prepare, approve, and formally adopt comprehensive five-year strategic plans aligned to the County Health Sector Plan and the Kenya Health Sector Strategic and Investment Plan. Copies of the approved strategic plans, together with evidence of approval by the respective Hospital Management Boards shall be submitted to the County Assembly, a progressive report on the same to be submitted within sixty (60) days from the adoption of this Report.

Lack of Proper Waste Management System

Committee Observation

The Committee observed serious waste management deficiencies at two facilities:

1. Chwele Sub-County Hospital: No documented waste management policy. The waste burning chamber was in a dilapidated state and required urgent renovation, posing health and environmental risks to patients, staff, and the surrounding community.
2. Naitiri Sub-County Hospital: No incinerator for managing medical waste including

syringes, placentas, gloves, and other hazardous materials. Waste was disposed of through open burning within the facility compound, in direct contravention of environmental and public health standards. Management's proposal to share incineration services with Inter-Christian Fellowships' Evangelical Mission (ICFEM) and Bungoma County Referral Hospital was not accepted by the Committee as a viable solution given the cost and logistical implications, which would undermine efficiency and cost control.

Committee Recommendation

Both facilities should immediately construct functional incinerators and develop documented waste management policies compliant with the Environmental Management and Co-ordination Act.

The waste burning chamber at Chwele should be urgently renovated.

The County Department of Health should provide technical and financial support to ensure all Level 4 facilities have compliant waste management systems, a comprehensive action plan and a progressive report to be submitted to the County Assembly within sixty (60) days from the date of adoption of this Report.

Lack of Approved Annual Procurement Plan

Committee Observation

The Committee observed that Naitiri and Bokoli Sub-County Hospitals did not have approved annual procurement plans, contrary to Regulation 40(4) of the Public Procurement and Asset Disposal Regulations, 2020. Additionally, neither facility:

(i) Prepared quarterly returns on the implementation of the annual procurement plan, contrary to Regulation 40(6); nor

(ii) Reserved a minimum of 30% of budgetary allocations for enterprises owned by women, youth, persons with disabilities, and disadvantaged groups, contrary to Section 53(6) of the Public Procurement and Asset Disposal Act, 2015.

Committee Recommendation

The Accounting Officers of Naitiri and Bokoli Sub-County Hospitals must immediately develop and implement approved annual procurement plans, prepare quarterly implementation returns, and ensure the 30% Access to Government Procurement Opportunities (AGPO) reservation is observed in all procurement cycles, the auditor to keep this in view in subsequent audit cycles.

Stalled Construction Projects and Partial Resolution of Outpatient Department Construction Concerns

Webuye Level 4 Hospital

Committee Observation

The Committee observed two project governance concerns at Webuye Level 4 Hospital:

- Outpatient Department Construction (Kshs.81,917,720)- Partially Addressed: The County Government entered into a contract under Negotiation Number 1472941-2023/2024 (signed 13th May 2024) for construction of an Outpatient Department at a contract sum of Kshs.81,917,720. The Auditor General raised concerns regarding the absence of a specified work period, lack of an approved development budget vote, absence of progress inspection reports, and the contractor being off site. When the matter was raised before the Committee, Management provided the following documentation in partial resolution:
  (i) an approved budget for the Outpatient Department construction project;
  (ii) an inspection committee report confirming site oversight activities;
  (iii) the original contract documenting a work period from 6th June 2024 to 5th June 2025;
  (iv) an extension letter formally extending the project period from 13th May 2025 to 12th May 2026;
  (v) proof of a recent payment to the contractor; and
  (vi) Photographic evidence of ongoing construction works on site.

  The Committee notes that the documentation presented addresses several of the Auditor General's concerns. However, the use of a "Negotiation Number" in the contract reference raises a residual question regarding the competitiveness of the procurement process that requires clarification. Ongoing monitoring is necessary to ensure the project is completed within the extended contract period.

- Stalled ICU Construction - Unresolved: Construction of an Intensive Care Unit had progressed only to column level and had been stalled for five years. Management did not provide any documentation on contractor identification, procurement process, signed contract agreement, project implementation or progress reports, or reasons for project delay or abandonment. This matter remains fully unresolved.

Committee Recommendation

- On the Outpatient Department construction, the Committee notes the partial resolution and directs that:
    i. The Project Implementation Team continues to produce and submit quarterly progress inspection reports to the Board of Management and the County Assembly.
    ii. Any further extension of the contract must be formally justified and reported to the County Assembly. Further, **a** progress report on the status of implementation shall be submitted to the County Assembly within sixty (60) days from the date of adoption of this report.
    iii. On the stalled ICU construction, the Committee directs the County Government to clarify the status and procurement process, constitute a Project Implementation Team, and present a formal completion plan with a concrete timeline to the County Assembly within sixty (60) days. All future construction projects must have approved budget votes, signed contracts with completion dates, and regular oversight reports.

Failure to Maintain Board Members' Personal Files and Conduct Performance Evaluation - Mt. Elgon Sub-County Hospital

Committee Observation

The Committee observed that Mt. Elgon Sub-County Hospital did not maintain personal files for Board members and failed to undertake annual performance evaluation for individual Board members and the Board of Management collectively, contrary to Part 1.11 of the Mwongozo Code of Governance, 2015. Review of Board and sub-committee composition revealed a lack of a member with financial expertise, and committees' composition did not reflect the necessary mix of skills and competencies required under Governance Parameter 1.1(6). Furthermore, one Board member was not formally appointed through a Gazette Notice.

Committee Recommendation

The Accounting Officer of Mt. Elgon Sub-County Hospital should ensure that all Board members have duly maintained personal files, are formally gazetted, and undergo annual performance evaluations using the approved Board evaluation tool. The Board's composition

should be reviewed to ensure adequate representation of members with financial expertise, and the un-gazetted member should be regularized through the proper appointment process or replaced in accordance with the applicable legal procedures.

Undefined Drug Pricing Policy - Mt. Elgon Sub-County Hospital

Committee Observation

The Committee observed that during the year under review, Mt. Elgon Sub-County Hospital purchased drugs at Kshs.2, 323,354 from several suppliers and dispensed them to patients at undefined prices due to the absence of a formal drug pricing policy. Without a pricing policy, the hospital do not have consistent and fair pricing of drugs to patients, nor verify whether adequate revenue was collected from drug sales.

Committee Recommendation

The Accounting Officer of Mt. Elgon Sub-County Hospital should immediately develop and adopt a formal drug pricing policy setting standardized selling prices for all drugs dispensed. The policy should be approved by the Board of Management and submit evidence of approvals to the county assembly within sixty (60) days of adoption of this report.

Ineffective Motor Vehicle Management - Mt. Elgon Sub-County Hospital

Committee Observation

The Committee observed that Note 21 to the financial statements of Mt. Elgon Sub-County Hospital reflects PPE of Kshs.6, 712,269 including motor vehicles valued at Kshs.4,845,000. Physical verification conducted on 30th October 2025 revealed that both motor vehicles were grounded, unserviceable, and kept in an open space without a shed-exposed to weather conditions leading to further deterioration. No explanation was provided for the failure to Board these vehicles for disposal. Additionally, the hospital incurred total expenditure of Kshs.1, 360,434 on repairing motor vehicles without supporting job cards or records of defects on vehicle work tickets, indicating a significant risk of misuse of public funds on vehicles incapable of operation.

Committee Recommendation

The Accounting Officer for County Health Facilities should, without undue delay, initiate the boarding and disposal of the two grounded motor vehicles through the County Asset Disposal Committee in accordance with the Public Procurement and Asset Disposal Act, 2015.

Further, all future vehicle maintenance expenditures should be supported by duly completed job cards and work tickets.

The accounting officer for finance should ensure the expenditure of Kshs. 1,360,434 incurred without proper supporting documentation should be investigated, and any funds found to have been misappropriated should be recovered from the responsible officers.

A progress report on the implementation of these recommendations should be submitted to the County Assembly within sixty (60) days of the adoption of this report.

Revenue Billing Internal Controls Weaknesses - Mt. Elgon Sub-County Hospital

Committee Observation

The Committee observed that Mt. Elgon Sub-County Hospital recorded medical service income of Kshs.21, 243,584 in the statement of financial performance. However, review of the hospital's revenue processes revealed that patients were billed manually using undefined criteria, providing no auditable trail to verify revenue earned. There was no revenue reconciliation to ensure amounts received matched amounts recorded. The ledger recorded Kshs.21,377,210 against the financial statement figure of Kshs.21,243,584 - a variance of Kshs.54,150 - with the ledger showing more income than declared, suggesting possible suppression of reported revenue. The combination of manual billing, undefined criteria, and lack of reconciliation creates a high risk of revenue loss through fraud.

Committee Recommendation

The Accounting Officer of Mt. Elgon Sub-County Hospital should, without undue delay, automate the billing system and ensure that all services are supported by clearly defined and approved charges.

The Hospital should also implement a daily reconciliation process between billings, receipts, and ledger postings to enhance revenue accountability and accuracy.

Further, revenue reports should be reviewed by management on a monthly basis and submitted to the Board of Management on a quarterly basis. Compliance with these recommendations should be monitored during subsequent audits.

Misstatement of Net Assets and Unsupported Receivables - Bokoli Sub-County Hospital

Committee Observation

The Committee observed that the statement of changes in net assets for Bokoli Sub-County Hospital reflects net assets of Kshs.352, 636 comprising accumulated surplus of Kshs.159,636 and capital fund of Kshs.193,000. The opening balances as at 1st July 2024 were restated from audited prior year figures - accumulated surplus was restated from a deficit of Kshs.1,937,957 to Nil, and capital fund from Kshs.13,932,938 to Kshs.193,000 - creating unexplained negative variances of Kshs.1, 937,957 and Kshs.13, 739,938 respectively. Management did not explain or supporting documentation for these significant restatements.

Additionally, receivables of Kshs.6, 836,500 included other exchange debtors of Kshs.6, 775,250 whose supporting debtors' ledgers - indicating date of occurrence, names of debtors, services provided, and attributed amounts - were not provided for audit review.

Committee Recommendation

The Accounting Officer of Bokoli Sub-County Hospital should immediately provide documentary evidence explaining the restatement of opening balances. If restatements were not procedurally justified, they must be reversed. Full debtors' ledgers with supporting documentation should be prepared and maintained for all receivables. The County Internal Auditor should investigate the basis of the Kshs.13.7M capital fund restatement.

Lack of Imprest Register - Kimilili Sub-County Hospital

Committee Observation

The Committee observed that Kimilili Sub-County Hospital did not maintain an updated Imprest register, contrary to Section 149(2) (b) of the Public Finance Management Act, 2012, which mandates keeping of financial and accounting records that comply with the Act. The absence of an Imprest register creates risk of abuse of the imprest system -funds advanced may not be properly accounted for, surrendered in time, or recovered where misused.

Committee Recommendation

The Accounting Officer of Kimilili Sub-County Hospital should, in accordance with Sections 68 and 73 of the Public Finance Management Act, 2012, and Regulation 93 of the Public Finance Management (National Government) Regulations, 2015, establish and maintain an updated imprest register capturing all imprest advances issued, surrender due dates, actual surrender

dates, and outstanding balances. In addition, all outstanding imprests that have exceeded the prescribed surrender period should be identified and recovered from the responsible officers. These actions should be implemented within 60 days of the adoption of this report.

Management of Pharmaceuticals and Non-Pharmaceuticals - Naitiri Sub-County Hospital

Committee Observation

The Committee observed serious pharmaceutical management deficiencies at Naitiri Sub-County Hospital:

1. Expired drugs were found dumped in a carton and stored in the same room as valid, usable drugs - raising a critical risk that pharmacy staff could inadvertently or carelessly dispense expired drugs to patients. Management stated the expired drugs were hastily separated and moved to a carton following the arrival of auditors - suggesting the separation was reactive rather than a routine practice.
2. The hospital had no incinerator for managing medical waste including syringes, placentas, gloves, and other hazardous waste. Waste was disposed-off through open burning within the hospital compound, in direct contravention of established environmental and public health standards. Management's proposal to share incineration services with Inter-Christian Fellowships' Evangelical Mission (ICFEM) and Bungoma County Referral Hospital was not accepted by the Committee as a practical or cost-effective solution.

Committee Recommendation

The Accounting Officer of Naitiri Sub-County Hospital should immediately:

(i) Separate all expired drugs from usable stock, quantify them, and initiate their disposal through the approved KEMSA channel. The Accounting Officer should thereafter submit a comprehensive implementation report, together with supporting evidence of disposal, to the County Assembly within 60 days of the adoption of this report.

(ii) Implement strict First Expired, First Out (FEFO) inventory management with properly maintained stock cards recording batch numbers and expiry dates; and

(iii) Procure and install a functional incinerator within the hospital compound for the safe disposal of all categories of medical waste. The County Department of Health should prioritize and allocate adequate funds for this essential

infrastructure in the First Supplementary Budget for the FY 2026/27 to facilitate its procurement and installation

Root Cause Analysis

1. The Committee established that the recurring variances between the financial statements and supporting accounting records across the County health facilities were primarily occasioned by weak financial management systems, inadequate internal controls, and failure by Accounting Officers to enforce compliance with the Public Finance Management Act, 2012, the Public Audit Act, 2015, and the Public Sector Accounting Standards Board (PSASB) reporting framework.
2. The Committee further noted that financial statements were prepared without adequate reconciliation of ledgers, trial balances, bank records, and supporting schedules prior to submission for audit. In several facilities, comparative figures from previous financial years were altered without proper disclosure or approval, while unsupported adjustments, incomplete accounting records, and unexplained variances pointed to weak supervision and ineffective review mechanisms.
3. The Committee also observed inadequate technical capacity among officers responsible for financial reporting, insufficient oversight by hospital management and Boards of Management, and the absence of robust automated financial management systems capable of generating reliable and accurate financial reports. Consequently, these weaknesses compromised the reliability, accuracy, completeness, and credibility of the financial statements and exposed public resources to the risk of fraud, financial misstatement, and loss of public confidence.

General Recommendations

1. **THAT**, the Accounting Officers responsible for County Health Facilities shall ensure that all financial statements are fully reconciled with the respective general ledgers, trial balances, bank reconciliations, subsidiary ledgers, and supporting schedules before submission for audit. Any prior-year adjustments or restatements shall be adequately supported, approved, and disclosed in accordance with the Public Sector Accounting Standards Board (PSASB) reporting framework.

2. **THAT**, all Accounting Officers for County Health Facilities shall strengthen internal financial controls by instituting mandatory monthly reconciliations of all financial records, periodic supervisory reviews, and documented management approval of financial statements before submission to the Office of the Auditor-General.

3. **THAT**, the Chief Officer responsible for Health, in collaboration with the County Treasury, shall build the capacity of finance officers through continuous professional training on Public Sector Accounting Standards (IPSAS/PSASB), financial reporting, and public financial management, and shall ensure that only qualified and competent officers prepare and certify financial statements.
4. **THAT,** the County Treasury should immediately deploy and operationalize an integrated financial management and hospital revenue management system across all County Health Facilities to automate accounting processes, enhance data integrity, minimize manual errors, and improve the accuracy and reliability of financial reporting. The implementation status of this recommendation should be monitored and verified during the subsequent audit
5. **THAT**, Accounting Officers shall strictly comply with Section 149 of the Public Finance Management Act, 2012, Section 47 of the Public Audit Act, 2015, and all applicable Public Sector Accounting Standards Board (PSASB) reporting requirements. Failure to comply shall attract appropriate administrative and legal sanctions under Section 199 of the Public Finance Management Act and Section 62 of the Public Audit Act.

Conclusion

The Committee concludes that although the County Health Facilities continue to provide essential healthcare services to the residents of Bungoma County, significant weaknesses persist in financial management, governance, internal controls, asset management, budget implementation, compliance with statutory requirements, and service delivery standards. The recurring audit findings across most facilities demonstrate inadequate implementation of previous audit recommendations, weak accountability mechanisms, and non-compliance with the Public Finance Management Act, the Public Audit Act, the Facilities Improvement Financing Act, and the Public Sector Accounting Standards Board (PSASB) reporting framework. The Committee is of the view that unless the County Executive, the County Treasury, the Department of Health and Sanitation, and all Accounting Officers fully implement the recommendations contained in this Report, these systemic weaknesses will continue to undermine prudent management of public resources, compromises the quality of healthcare services, and impede the realization of universal health coverage. The Committee therefore urges all responsible officers to implement these recommendations within the prescribed timelines and submit periodic progress reports to the County Assembly to facilitate effective oversight and enhance accountability in the management of County Health Facilities.

Hon .Job Mukoyandali: All the annexures have been put for the purposes of evidence I call upon Hon. Nga'nga, who is the chair of this committee, to second the report.

(Applause)

Mr. Deputy Speaker: That's nice. The Hon. Sifuna, proceed to second the report.

Hon. Everton Nganga: Thank you, Honourable Speaker for giving me a chance to second this report. This is a report that consists of 10 Auditor general reports. The mover has done a very good job. He's energetic and has moved the report eloquently. Imagine if we were to come up or to separate these reports, actually we could require around ten sittings to move motions for every audit report that was provided by the Office of Auditor General. We combined ten reports based on the cross-cutting issues and from those ten reports, we discovered that we have. We divided ourselves into two groups to make sure that we come up with a comprehensive report.

I would like to apologize to members who stayed behind to go through or to listen to this motion, as it was being moved by our Vice-Chair Mukoyandali. Actually it has consumed almost one and a half hours. When you look at the issues of inaccuracy of property, plant and equipment, during our interrogation we discovered that the current government has not employed qualified Accountants to handle the valuation of the assets, land, property and motor vehicles.

When you do a valuation of your vehicle, or a building, it will assist you to come up with the correct value that will help you when you are insuring that vehicle or that building. So I wish the Chair of Health could be around, he can do a fact-finding across all the Level 4 and 5 health facilities in Bungoma County to discover that we don't have Certified Public Accountants. If you have Certified Public Accountants, then they can in the management of funds, preparation of statements of change in net assets, statements of cash flow. Because it's a very big mess in the Level 4 and Level 5 health facilities. If we don't have somebody to prepare a statement of changes in net assets, cash flow, then how are you managing those funds? It's a very big problem in our health facilities.

When you look at the issues of unresolved prior year audit matters, the accounting officers in charge of our health facilities they don't care. We always come up with these reports, but they cannot even go back and make sure that those audit queries highlighted in a financial year audit, they cannot make an effort to make sure that they resolve. We discovered that those audit queries will again reappear in the subsequent audit financial years..

We also have a query on irregular repairs and maintenance in Sirisia Level 4 health hospital; we discovered that there is an X-ray machine that was purchased. It is not functional. We also have a theatre bed that is not functional and the officer in charge decided to pay Kshs 279,920 the engineers to come and repair. Up to date the theatre bed and the X-ray machine is still faulty, it's not providing any services to the citizens of Bungoma County.

If there is any department that is always allocated a lion's share from our budget, it is the health department; we always allocate almost 3.5 billion shillings. In five years, we discovered that actually that figure is accumulating to around 17 billion. When you look at the issues, on the issue of human resource, we don't have medical officers, general surgeons, anesthesiologists and other specialists and yet they receive lion's share of the County budget.

Look at shortfalls in the medical equipment; we don't have the newborn incubators in the Labour wards

(Laughter)

Mr. Deputy Speaker: Come again Mheshimiwa

Hon. Everton Nganga: Functional ICU bed, they are not there, and they are supposed to use funds properly to make sure that they employ specialists and equip our health facilities.

On the issue of weakness in inventory management. They are supposed to use fast expiry, First In, First out, that is FIFO. They don't know the issues of managing drugs in the stores. They don't know if these drugs have expired. For instance like Naitiri Health Facility, they cannot separate expired drugs with safe drugs.

There are a number of issues here to be mentioned and actually because of time, I will not go through all of them. It is my request that this report is an eye-opener to the Health Department. I request that Health Committee up their game and assist our county. I am worried if we have Health Committee members in this House here, I cannot see the chair but let him be informed. I second this report and urge Honourable Members to adopt the report with the recommendations therein.

(Applause)

Mr. Deputy Speaker: Thank you, Hon. Everton Sifuna. Honourable Members, allow me now to propose the same for debate. That this House adopts the report of the Public Accounts and

Investments Committee on consideration of the Auditor General report on Bungoma County Level 4 and Level 5 Health Facilities financial year 2024/2025..

(Question proposed)

Hon. Eric Wekesa,

Hon. Eric Wekesa: Thank you, Honourable Speaker. Let me thank the mover who read the report so eloquently and precisely. This report about health is one of the most important reports that all members should give attention.

I always talk about Chwele as if it is a dispensary. We have four wards in that sub-county which that hospital serves. It's unfortunate that maybe because of other engagements, it's a hospital that has a very big catchment. We cannot treat the problems of that hospital without following such reports. These reports are not just documents but they mean a lot because time has been taken to arrive at those conclusions and observations.

We have seen the chair talk about so many reports compiled and analyzed before this document is put up. It is just my wish that we could even have more time, apart from debating it now, because I know there are members who are not here because of other official duties, that one time when we are full house, this report should be brought up again. I don't know how to put it, but if we're talking about why we are elected, we cannot talk about roads if people are sick. We cannot talk about bursaries if people are sick or even others are dead.

(Applause)

I'm a serious consumer of social media. There's a county called Kiambu County where the Governor has raised own source revenue to a tune of Kshs 6 billion. When I was checking that information, being a serious person who wants to be a leader, I also do some research to better myself and research to be a leader should be done by leaders where they're doing well. We should be concerned and know why they're doing well. Part of the reasons they were raising revenue was because of the hospital collections. In our sub-county hospitals, people use them to make money. People are going to witch doctors in this county just to be sub-county superintendents. They are doing funny things to get those positions, because they know once I get there, I will drive a good vehicle and even open my own facility, and even use drugs to ensure that my facility is doing well.

While you were thinking we were not listening you almost got angry, you should know that we multitask. Some of us are serious multitaskers. Don't be annoyed, some of us even listen better when we are talking. I want to support the report and rest my case there and beg that we implement and follow up the recommendation therein.

(Applause)

Mr. Deputy Speaker: Wonderful submissions by the Hon. Eric member for Kabuchai,/Chwele Ward. Hon. Kennedy Wanyama.

Hon. John Wanyama: Thank you, Honourable Speaker. I rise to support the report by the Public Accounts and Investments Committee for the consideration of the reports of the Auditor General on Level 4 and Level 5 health facilities. First, I want to take this opportunity to thank the mover Hon. Job who is my Vice Chair and our Chair Hon. Everton Nganga, for seconding the motion.

Like earlier mentioned, these are ten reports in one and that is why it was very long and I want to take this opportunity to thank the Committee on Public Accounts and Investments Committee for doing a good job.

The first issue is inaccuracies in Property Plant and Equipment, in the financial statements contrary to International Public Sector Accounting Standards. For the case of Bungoma County Referral Hospital, you note that the on-going construction of the 300-bed capacity bed is not actually captured in the financial statements. When this happens, when you don't capture on-going projects under work in progress in the financial statements, what happens is that then there is reduced accountability and there is an increase in risk and fraud. You cannot then monitor even the payments that are being made. You can only be able to monitor that if the same project is actually captured under work in progress. So going forward, we want to urge all the accounting officers of these health facilities to ensure that any on-going project is actually properly captured under work in progress so that the assets of these facilities are not understated in the books of accounts.

The second issue is inaccuracies and inconsistencies in the financial statements; this is majorly as a result of lack of capacity with the personnel at these health facilities. So we also urge the accounting officers to ensure that they enhance the capacity of the accountants in these facilities, so that then they can be able to do their work as per the laid down standards. They should also make use of technology to improve accuracy in the financial statements.

Thirdly, we have long outstanding receivables; that is SHA and NHIF. What we noted is that there is no formal debt management policy in these health facilities, without these policies, then it's difficult for these health facilities to ensure that receivables are being collected on time. These long outstanding receivables are actually stifling the operations of these health facilities because you realize that they don't have enough resources to purchase drugs.

The issue of irregular repairs, maintenance and procurement; I think my chairman touched on it. The case that came out is the Sirisia Level 4 Hospital, where we saw a case of procurement of six million equipment, which relates to repair and maintenance, totaling to Kshs 279,920 of an X-ray machine and a theater bed. These payments were done and yet no work was delivered and this amounts to misuse of public resources. Like we have clearly recommended the accounting officer of this facility should ensure that these resources are recovered and submit a report to this County Assembly within 60 days after adoption of this report.

We also have the issue of the laundry machines that were procured at a cost of six million shillings, this is a lot of money but when you procure equipment and they stay for over five years without being in use, then you actually wonder, what was the need of these facilities, and yet they have an accounting officer who is being paid every month. So what are they doing in office? So there's a serious problem in these facilities and we urge the department to put their house in order, so that they reduce on this wastage of public resources.

Lastly, the issue of long outstanding payables; we have seen a case where some payables are actually outstanding for over three years. The truth is that they are usually supplied and the current supplies are being paid, so to me it looks like it's a case of who knows who. It’s a high time that this practice stops, so that all suppliers are treated equally. The accounting officers must settle all outstanding payables in order of age and submit a report to this County Assembly within 60 days after adoption of this report. I submit.

(Applause)

Mr. Deputy Speaker: Thank you, Hon. Ken Wanyama. Hon. Johnstone Ipara,

Hon. Johnstone Ipara: Thank you, Honourable Speaker. Let me begin by lauding the mover and the seconder of the report. I want to say for the mover is an endurer; he was able to endure the reading the lengthy report. It is a valuable report with valuable issues. When this report was being read, it painted a picture which in the Bible is referred as the kingdom of devils. You are wondering which kingdom it is.

Mr. Deputy Speaker: Hon. Ipara, maybe you can quote the verse.

Hon. Johnstone Ipara: Honourable, I knew this because you are a teacher and with the teachers, they like specific issues. I want to draw your attention. You go and read Matthew 12: 24- 28. You also read Ephesians 6:12 and lastly Colossians 1:13.

Mr. Deputy Speaker: Thank you.

Hon. Johnstone Ipara: In the holy book of God, it paints what the report has painted as the kingdom of devils. In that kingdom of devils, it could not stand. They can't stand on their own. The second thing about the kingdom of devils, they have authority and powers in an unseen world. Lastly, their believers are in the dominion of darkness.

So totally, if you looked at that report, it gives a picture of those three principles I have said out. This is a respected government that we elected to offer good services to the people, it assumes that just the facilities that you requested yourself to be upgraded, are not able to register them.

The department itself prepares the procurement work plan. I told you that this work plan is supposed to be an inclusive work plan that includes all facilities from the lowest level to the highest level. So that we call that a primary work plan and they also have a secondary work plan for those attached facilities.

The reason why I compare them to the kingdom of devils, just imagine that the whole department has no imprest register. That's why nowadays he loves to use the name Sifuna, because Sifuna has gained a lot of fame.

Every time he introduces anywhere, he uses the name Sifuna and previously he used to say he's the CPA. Where on earth? You lack proper documentation particularly on assets that have depreciated and we are talking of disposal act, where you are only supposed to do a simple thing of forming a board of survey, let them go across the facilities, come up with a comprehensive report that informs on how to dispose of unserviceable assets.

Our people go to health facilities, they are denied drugs and they expire because they were looking on ways on how to take them out but they were caught with time when the drugs expired. This is wastage of public resources because is a lot of money was used to purchase the same.

Lack of accountability; a good example is an issue that was raised on Naitiri, unexplained variance. How on earth you have qualified accountants? They did put it as the CPA holder, but I know lower cadres do work meant for higher cadres. How do we have a variance of Kshs 3,302,293? The books of origin are the ledgers, when you are preparing financial statement; you prepare a statement on the basis of the ledger. Information in the ledger but they are not there…

(Hon. Everton Nganga tries to correct Hon. Ipara)

I have not solicited for assistance from Hon. Sifuna.

The second one, Bokoli receivables, they are not able to provide the list of debtors, the details of the services or goods that were provided and how much each of them was demanding. If really these are details that were prepared by you, how do you fail to provide such critical documents, how on earth and that is why we need to call this people in order.

I don't know why we have so many Thomas's who wonder and doubt that there is no time for impeachment, which law are you referring to and I remember we went for a short training with you Honorable Speaker, where we were trained well and we were awarded some good certificates. Why can't we use this knowledge that we recently acquired to put things in order.

I'm seeing Honourable the mover of the report is wondering, this is a good report that we should not run away. We waited for you to go through the report for one and half hours, you should also allow us to debate for another one and half hours, because it is a good report and we should show exactly the failures of this particular Government.

Just imagine equipment is purchased with at a value of Kshs 32,900,000 up to this moment, we have never gotten value for this money. The purpose of investment is to get good returns but for this 32M, we paid somebody but we never gotten value for this.

Advance payment for services that has not been provided; In the Procurement and Disposal Act of 2015, it is very clear, you pay for goods or services that you have received. the equipment in question is serviceable and giving you the services that you require, why pay for and that is why we were complaining of Kshs 279,000 and he did not talk about 2.5million accumulatively with another one totaling to 6million.These are laundry equipment; we have never gotten value for this and this people are walking around and claiming that they are angels, yet they have made this government waste resources.

For instance if come from Soysambu/Mitua Ward or Tongaren, and given 6million what could it have done for the people of that region, those people who live within Makhonge and Mabusi could have a box culvert for them to cross.

As I finish, I'm happy with your recommendation where you said surcharge, this proceedings should be taken to Chief Officer responsible to implement that. I support this report.

(Applause)

Mr. Speaker: Very passionate submissions by the Hon. Ipara Johnstone. Hon. Job Mukoyandali reply, to the motion.

Hon. Job Mukoyandali: Thank you, Honorable Speaker. First, let me appreciate the Committee of PAIC for coming up with that good report.

It is so evident what has been happening within our facilities is a just pure theft of public money and mismanagement of our facilities and this report has come out clear and outlined proper measures to curb the theft that has been happening actually within these facilities.

I want to conquer with the contributions of the members that let all recommendations as captured by the committee be implemented to the later.

The timelines given to report back to this House must be adhered to, so that a proper follow up is made to ensure that we improve services in health facilities. So I just beg this House to actually approve this report for the continuity and improvement of our health facilities within the County.

As I finish, let me commend Webuye; when you look at the trend in Webuye, its very positive and I think all other facilities should bench mark on what is happening there. Webuye has clean reports or good progress in the audit issues that were raised initially. You look at some other facilities, Zero reaction on the audit issues that were raised, so we want to make sure that if we pass this report, we will still ask this other facilities to benchmark on what is happening in Webuye, so that all the facilities are moving at the same pace.

I request this House to approve this report for the continuity and growth of our facilities.

(Applause)

Mr. Speaker: Thank you, Hon. Mukoyandali Job. Honourable members, I put the question that this House adopts the report on Public Accounts and Investments Committee on consideration of reports of the Auditor General on Bungoma County level 4 and level 5 facilities financial year 2024/2025.

(Question put and agreed to)

(Applause)

The report is adopted.

we believe that the table clerks will do the needful by ensuring the transmission of this report to various offices for action.

Next item,

REPORT OF YOUTH AND AFFAIRS AND SPORTS ON TALENT DEVELOPMENT AND NURTURING IN BUNGOMA COUNTY

Mr. Speaker: Hon. Chikati Timothy

Hon. Chikati Timothy (Member Youth and Sports): Thank you, Mr. Speaker. I rise to move a motion on the report On Talent Development and Nurturing in Bungoma County, I will move as guided, the quorum is overflowing,

Mr. Speaker: Proceed, Hon. Chikati…

Hon. Chikati Timothy: I will go straight to the membership

Committee Membership

The Committee of Youth Affairs and Sports constituted the following members by the time of compilation of this report

1.	Hon. Violet Makhanu	Chairperson
2.	Hon. Grace Sundukwa	V/Chairperson
3.	Hon. Timothy Chikati	Member
4.	Hon. Ndasaba Dorcas	Member
5.	Hon. Eric Wekesa	Member
6.	Hon. Milliah Masungo	Member
7.	Hon. Aggrey Bosire	Member
8.	Hon. Idd Owongo	Member
9.	Hon. Everlyn Anyango	Member
10.	Catherine Kituyi	Member

11. Hon. Linda Kharakha	Member
12. Hon. Abraham Obama	Member
13. Hon. Angeline Rugut	Member
14. Hon. Metrine Wilson	Member

Acknowledgment

I wish to sincerely express my appreciation to all Honorable Members of the Committee for their commitment, active participation, and invaluable contribution in the preparation of this report. The Committee further acknowledges the Secretariat for their diligence and professionalism, which greatly contributed to the timely completion and finalization of this report.

Special appreciation is also extended to the Office of the Speaker and the Office of the Clerk of the County Assembly of Bungoma for the logistical and institutional support accorded to the Committee in the execution of its mandate.

It is therefore my honour and privilege, on behalf of the Committee on Youth Affairs and Sports, to present and move this Report on Talent Development and Nurturing in Bungoma County for consideration by this Honorable House.

Report signed by Hon. Violet Makhanu Chairperson Sectoral Committee on Youth Affairs and Sports**.**

Engagement with the Department of Youth and Sports

The Committee engaged the Department of Youth and Sports to obtain information on existing programmes, policies, budgetary allocations and institutional frameworks supporting talent development within the County. The engagement enabled the Committee to assess the Department's achievements, challenges and future plans regarding talent identification and nurturing.

Review of Policy and Legal Documents

The Committee reviewed relevant legal and policy documents including the Constitution of Kenya, 2010, the Sports Act, 2013, Kenya Vision 2030, the Bungoma County Youth Policy 2024 and the Bungoma County Sports Policy 2024. This review provided the legal and policy basis for evaluating County interventions in talent development.

Examination of Departmental Reports and Submissions

The Committee examined reports, strategic plans, work plans and submissions from the Department of Youth and Sports to assess programme implementation, resource allocation, performance indicators and progress made in talent development initiatives across the County.

Review of Existing Youth and Sports Programmes

The Committee reviewed ongoing youth empowerment, sports development and talent nurturing programmes being implemented by the County Government. This enabled the Committee to evaluate their effectiveness, identify existing gaps and determine areas requiring policy and legislative improvements.

The Sports Act, 2013

The Sports Act, 2013 provides the principal legal framework governing sports management, regulation and development in Kenya. The Act was enacted to address long-standing challenges affecting sports administration, accountability, governance and athlete development while promoting sports as a tool for national development.

The Act establishes key institutions including Sports Kenya, the Kenya Academy of Sports, the Sports Disputes Tribunal and the Office of the Registrar of Sports. These institutions are mandated to facilitate sports development, regulate sports organizations, promote capacity building, manage sports infrastructure and provide mechanisms for dispute resolution within the sports sector.

The Committee notes that the Act seeks to enhance transparency, accountability and professionalism in sports management while creating an enabling environment for talent identification, nurturing and advancement. The Act further recognizes the role of sports in promoting national unity, economic growth and youth empowerment.

The Committee observes that County Governments have a critical role in complementing the objectives of the Act through investment in sports facilities, support for grassroots talent development programmes and establishment of structures that facilitate the growth of sports and related industries. Effective implementation of the Act therefore remains central to the realization of sustainable talent development and nurturing in Bungoma County.

COMMITTEE FINDINGS

The Committee, in the course of the inquiry, deliberations and analysis, identified key challenges affecting effective talent development and nurturing in Bungoma County. The Committee's findings are set out hereunder:

Inadequate Sports Infrastructure and Poor Maintenance of Existing Facilities

The Committee established that Bungoma County continues to face significant deficits in sports and talent development infrastructure. Key facilities such as stadiums, playing fields, indoor arenas, training centers, and recreational parks are insufficient, dilapidated, or completely lacking in many wards. This has constrained the ability of youth to train consistently and competitively,

particularly in disciplines that require specialized facilities such as athletics, football, basketball, volleyball, and creative arts.

The Committee further observed that where facilities exist, they are unevenly distributed, with urban centers relatively better served compared to rural areas. Many community fields lack basic amenities such as changing rooms, lighting, and sanitation facilities. This has led to overutilization of limited facilities, accelerated wear and tear, and reduced quality of training. The absence of modern, multi-purpose talent hubs has also limited the County's capacity to host regional competitions, thereby reducing exposure and visibility of emerging talent.

In addition, the Committee noted that inadequate maintenance of existing facilities continues to exacerbate the situation. Key installations such as Masinde Muliro Stadium remain underdeveloped and poorly maintained; while the Chemoge High Altitude Training Centre has accumulated substantial pending bills and remains non-operational despite its official launch. The lack of a structured maintenance and sustainability framework has resulted in continued deterioration and underutilization of critical sports infrastructure across the County.

Weak Talent Identification and Nurturing Systems

The Committee observed that the as much as the Sports Policy, 2024 proposes that the County needs a structured and institutionalized talent identification framework to systematically discover, develop, and track young talent, its implementation has never been actualized. Existing talent scouting activities are largely ad hoc, often dependent on isolated events such as Governor's cup disguised as ward games competitions or occasional tournaments, without continuity or follow-up mechanisms.

The Committee further noted the absence of a centralized County talent database or digital registry to document identified athletes, artists, and creative. This gap makes it difficult to track progression, provide targeted support, or measure outcomes of talent programmes. Additionally, there is no formal mentorship or development pathway linking grassroots talent to higher-level institutions such as academies, professional clubs, or national programmes. As a result, many promising youths drop out of structured development pipelines due to lack of guidance, exposure, and sustained support systems.

Inadequate Financing

The Committee established that financial allocation to youth and sports development remains significantly below the required threshold to support sustainable talent growth. Budgetary provisions are often insufficient to cover infrastructure development, equipment procurement, training programmes, and talent promotion activities.

The Committee further observed that reliance on annual County budget without diversified funding streams has limited programme expansion. There is minimal engagement with private sector sponsorships, corporate partnerships, and development agencies that could enhance resource mobilization. Consequently, many programmes are implemented on a pilot or event-based basis rather than sustained long-term initiatives. The lack of structured financing models for talent commercialization has also hindered the ability of talented youth to transition into income-generating opportunities, reducing motivation and retention within sports and creative industries.

Weak Institutional Coordination

The Committee established that coordination among key stakeholders in the talent development ecosystem remains weak and fragmented. The County Government, educational institutions, sports federations, creative industry actors, development partners, and private investors largely operate in silos, with limited structured collaboration.

This lack of coordination has resulted in duplication of efforts, inefficient resource use, and inconsistent programme implementation across the County. Schools often run independent sports activities without alignment to County-level talent pathways, while federations conduct competitions without integration into development programmes. Additionally, absence of a central coordinating body or framework has hindered information sharing, joint planning, and harmonization of talent development initiatives. This fragmentation has negatively affected sustainability and limited the County's ability to scale successful programmes.

Inadequate Technical Personnel

The Committee noted a critical shortage of qualified and specialized technical personnel within the youth and sports sector. This includes coaches, trainers, sports scientists, talent scouts, arts instructors, and programme managers capable of delivering structured talent development programmes.

Many existing technical employees are overstretched, handling multiple teams without adequate specialization or continuous professional development. At the community level, coaching is often conducted by volunteers or untrained individuals, leading to inconsistencies in training quality and athlete development. The Committee further observed limited investment in capacity building, certification programmes, and exposure opportunities for technical staff. This has directly affected the quality of mentorship available to young talent, limiting competitiveness at regional and national levels and reducing the County's overall talent output potential.

Lack of Legal and Operational Frameworks

The Committee observed that while policy-level commitments to youth and sports development exist, there is no comprehensive enabling legislation to operationalize and enforce talent development structures within Bungoma County. This has created gaps in implementation, accountability, and sustainability of programmes.

The absence of a clear legal framework has also resulted in unclear institutional mandates, weak enforcement mechanisms, and lack of standardized procedures for talent identification, funding, and management. Operational guidelines for partnerships, academies, and talent databases are missing and not formally institutionalized. Consequently, implementation of programmes is largely discretionary and dependent on annual planning cycles rather than a legally anchored system. The Committee therefore noted the need for a robust legislative framework to provide structure, continuity, and accountability in talent development and management.

AJIRY Centre as a Talent Nurturing Facility

The Committee observed that the AJIRY Centre was previously the most structured and effective facility for talent development and youth empowerment within Bungoma County. The Centre is part of a broader national initiative under the AJIRY platform model, which is designed to equip young people with digital skills, employability training, entrepreneurship support, and innovation incubation, with the aim of transitioning youth from job seekers to job creators.

The Committee further noted that the Centre was significantly supported by a key development partner, Mastercard Foundation, which facilitated its establishment and operationalization. However, the withdrawal of the main sponsor resulted in severe operational challenges, as the County Government has been unable to sustainably finance and maintain the facility.

The Committee established that the facility has since accumulated rent arrears amounting to approximately Kshs. 2.9 million, and there is currently no clear or structured plan by the County Executive to settle the outstanding arrears or revive the Centre's operations. Consequently, the landlord has denied the County continued access to the premises and has reportedly confiscated equipment previously used at the facility, effectively paralyzing its operations.

The Committee is concerned that the collapse of the AJIRY Centre has negatively impacted youth access to structured talent development, digital empowerment, and skills incubation within the County.

COMMITTEE OBSERVATIONS AND RECOMMENDATIONS

COMMITTEE OBSERVATIONS

The Committee made the following observations;

1. Bungoma County possesses immense untapped talent potential among the youth in sports, arts, culture and innovation sectors.
2. Inadequate and poorly maintained sports infrastructure continues to hinder effective talent identification and nurturing across Bungoma County. Key facilities, including Masinde Muliro Stadium, remain underdeveloped and insufficiently maintained; while the Chemoge High Altitude Training Centre has accumulated significant pending bills and is currently non-operational despite its official launch. The Committee further notes that the lack of adequate funding for maintenance has led to the deterioration and underutilization of these critical facilities.

3. Lack of structured talent development programmes has negatively affected transition of youth from grassroots talent development to professional careers.
4. Inadequate financing and weak institutional support systems continue to limit growth of the sector.
5. The Department has failed to operationalize the Youth and Sports Policies two years after adoption and approval of the policies. This has in turn exposed the department's little commitment to nurturing the Youth in the County.
6. There is no coordination between County Government programmes, schools, sports federations and development partners.
7. The closure of the AJIRY Centre following the withdrawal of its main sponsor and accumulation of rent arrears of approximately Kshs. 2.9 million has disrupted a key talent and youth empowerment facility in the County, reflecting weak sustainability planning for donor-supported projects.

COMMITTEE RECOMMENDATIONS

The Committee recommends;

1. **THAT**, The County Executive Committee Member responsible for Youth and Sports ensure the implementation of the Youth and Sports Policies, 2024.
2. **THAT**, The County Treasury enhances budgetary allocation towards youth, sports and talent development programmes to facilitate sustainable implementation of talent nurturing initiatives.
3. **THAT,** The County Executive prioritizes completion, rehabilitation and equipping of sports facilities and training centers available the County.
4. **THAT,** The Department institutionalizes annual County talent competitions, sports leagues and cultural festivals as platforms for talent exposure and commercialization.

5. **THAT**, The County Executive strengthens collaboration with schools, sports federations, private sector actors and development partners in talent development programmes as espoused in the Sports Policy,2024.
6. The County Executive develops policies and programmes aimed at supporting creative arts, digital innovation and cultural talents among the youth.
7. The Department establishes mechanisms for mobilization of sponsorships, grants and partnerships to support talent commercialization and sustainability.

CONCLUSION

The Committee acknowledges that talent development and nurturing is a critical socio-economic pillar capable of transforming livelihoods, creating employment opportunities and promoting social cohesion within Bungoma County.

The Committee therefore urges the County Executive to prioritize implementation of the recommendations contained in this Report in order to unlock the enormous potential of the youth and position Bungoma County as a regional hub for sports, arts, culture and innovation.

It is therefore my pleasant duty and privilege, on behalf of the Sectoral Committee on Youth Affairs and Sports to table this Report before this Honorable Assembly for consideration and adoption.

Adoption Schedule
All members have appended their signatures adopting this report and the contents therein.

I call upon our Chair, Hon. Violet Makhanu to second the motion

Mr. Speaker: Thank you, Hon. Timothy Chikati. Hon. Violet Makhanu,

Hon. Violet Makhanu: Sorry Chair, I have miss placed my card and that is why I'm struggling, I thought you will give the Mic from where I'm sited. I want to appreciate Hon. Chikati Timothy for moving a report eloquently. As members of youth and sports we are really following up on the department to ensure that something is done so we are felt on the ground. As a County our youth have been left out on matters of talents. We have many youth with a lot of

talents that needs to be supported but unfortunately we have a department that is always sleeping on the job. We have tried pushing them on quite a number of things especially the use of talents but they are slow to implement youth programs. We realize that department has no resources to support the youth, and I have a complaining that there are no funds to support youth programs.

We have an example of this AJiry center in town here where youth will go and do these things but this is a department decided to move the offices to Masinde Muliro Stadium, they were running away from this office until the Landlord decided to lock offices and everything that was inside to ensure that nothing gets out of the office, so as to put them on toes to pay over two million rent arrears.. Iam sure as we continue if that money has not been paid, then interest is accruing.

We are trying to push to ensure that our youth gets what is supposed to be done to them. but unfortunate nothing is happening and we are the ones who pass this budget, we need to improve the allocation to this department especially on issues touching the youth directly.

When His Excellence the Governor was campaigning, he promised many goodies to our youth and *mama mbogas* but unfortunately nothing has been done. As a committee we are trying to push them and I ask this House to stand with us to ensure that something is done..

There was looking at policy that was initiated when we had Agnes Wachiye as the CEC for the department, then had Emachar went without talking about it, now we have Dr. Wamamili who doesn't know what is happening in the department, So sometimes you get fed up, but we are trying to see if we will be able to do something as a committee to ensure that our youth are not forgotten in this County.

I want to request this House to pass this report as it is and also as a Chair of this Committee, I request for your support towards this particular department..

Hon. Speaker: Honourable members, I want to urge the Table Clerks led by our PCA that let the secretariat do the reports well. Some funny mistakes should not be appearing before the House, this is a very serious House that the staff must take responsibility and ensure that everything that comes before this House is appropriately done. PCA I have been talking to you, and you know what to do.

Honourable members, report have been moved and duly seconded. I propose the same for debate that this House adopts the report of the sectoral Committee on Youth Affairs and Sports on Talents development and nurturing in Bungoma County.

(Question proposed)

Hon. Johnstone Ipara.

Hon Ipara Johnston: Honorable Speaker, I rise to second this report on the following basis.

Mr. Speaker: Are you seconding?

Hon. Ipara Johnstone: No, I am supporting this report on the following basis; As we are sited here, I want to believe that every one of us has assessed the Census report of 2019, the population of the county that we are proud of Bungoma County was 1,670,570, out of that we are very specifically told that the ages of 0- 14 years made 43% of the population and a bracket of 15-34 made 31%. If you add the two, it gives you a 74% of the total population. It tells us in simple words that they are the majority. When you are talking about talent development is requires more money. If look on the budget it informs us that we are not ready to nature this population, the reason we don't have priorities. When am talking to you because you are a teacher, you were grounded on teaching and if you want to teach a dog, new tricks you start with it when it is still young and when we are talking about talent we can only develop talen from younger age.

Honorable Speaker, you remember one time we attended a meeting led by the National Assembly Speaker, they wanted to intervene but the head of this county was asked, whether he can sink a borehole so that the National Government can do the rest? I'm told he looked around and said maybe you can ask the MCAs. The responsibility of County Government is to deliver services to its citizens, we as the MCAs our responsibility is representation, legislation and oversight the government. As servants of the people, we have forgotten our masters who are the people who elected us to office. We are here in this Honourable House to serve them. I have been talking about Chemoge High Altitude center in Mt. Elgon, if you did walk there and you remember recently the Governor participated in commissioning that particular facility. If I were him, I could not have made an attempt to go there because is incomplete. What he could have done is to look for money for the completion of that facility, so that the younger men and women of this county and from other places could develop their talents.

When we talk about the condition of these facilities, if you want to succeed then money for maintenance and general cleanliness must put money in the budget, which is not the case as we talk, the budget is nowhere and ever time this House makes an attempt to give that department money you see people running with excuses to the budget committee. I am wondering the attitude that the Budget Committee has recently developed. Rarely do you find them in this House and all matters we are discussing are about budget issues. Are they here? The only person that we can excuse is the chair who most of the times finds his way into this House and Hon. Chemion. I have never seen others since we passed the budget. What could be happening to them? That is a discussion for another day. We are also discussing about life. It is a healthy life but the committee for health which is supposed to be here to ensure that what we eat and are

given in hospital is not here? I was even wondering when there was a very serious report that was being moved by Public Accounts and Investment Committee, none of the Health committee members were present. What is happening? Do they want to tell us that they are busy campaigning and we are not concerned about campaigns? People have decided to be compromised or to compromise the services that we are to deliver to the people that elected us.

If you looked in that budget that we are supposed to use to support the youths particularly on annual events even in your respective ward there is no money, because their budget is below 50 million. If you went to the finance department, which is given responsibility to collect own source revenue, they are doing nothing. We are only able to collect less than half a billion. According to the surveys that were carried out; this county is capable of collecting own source revenue of 2.2 billion but we are only collecting less than 500 million because we get our priorities wrong. The priorities of other people are not to debate these issues. because what we are doing is oversight. If you went to the constitution, it spells out the three roles and I have never seen anywhere in the constitution where it says that another role for the MCAs is to babysit the Governor from morning to evening. Maybe Honorable Speaker you have been here for the second term, you may tell me whether there is a silent role like that one.

As Honorable members, let's remain honorable and support this issue so that we ensure that we build the next generation. Do not forget as you prepare to exit from Soysambu/ Mitua Ward and me in Tongaren, let us leave a legacy by ensuring that we assist our youth get the services they deserve. I support this report and urge that let us change the way we do things.

Mr. Deputy Speaker: Thank you for the passionate submissions. I will not waste time; I will call upon the neighbor to give his replies. The neighbor both in this House and out everywhere, Hon. Chetekei.

Hon. Timothy Chikati: Thank you, Honorable Speaker. Let me thank the only contributor, Hon. Ipara for the sentiments he has put across. Indeed he has spoken on behalf of all Honorable members here. The truth is that the Youth Affairs and Sports Committee is underfunded and when you call the executive because we have had so many engagements…

Mr. Deputy Speaker: Is it the youths, who are underfunded or the committee?

Hon. Timothy Chikati: The Youth Affairs and Sports department.

Mr. Deputy Speaker: Very well.

Hon. Timothy Chikati: The department is underfunded. Every time we interrogate the executive, the only thing they tell us is that they don't have money and indeed there is no money to run their programs. As members of the Youths and Sports committee for example, when I go

to Ndalu, I am afraid to introduce myself as a member of the committee, because they will ask; what are you doing for us and I will be unable to answer because there is nothing to show them. I am a little bit happy that the new amended Standing Orders if it will come in place, the Honorable members who will be lucky to come back in the next regime like me, this department of Youths and Sports is going to be enjoined with the Department of Gender so thattheir allocations can be combined so that maybe these youths can benefit.

Otherwise, as it stands alone, there is nothing and we have seen recently the Senator of this County going around our stadiums and what he is saying is true. Something like Chemoge, the moment they go there to launch as soon as they leave everything also leaves. Look at Masinde Muliro, right now when you go there the cattle are grazing, the field itself is not functioning, when you ask them and they will answer there is no money even to get the locals here just to slash.

Actually as Hon. Ipara has stated, we are leaving on a live bomb because when these Gen- Zs decide demand what is rightfully theirs then we will not have a voice.

Otherwise, I wish to call upon this Honorable House to support the motion with the recommendations there in.

(Applause)

Mr. Deputy Speaker: That is wonderful Hon. Chikati. Being one of the people whom I am sure will be here September next year and you are saying that many people including myself are afraid to introduce themselves as members of Youths Affairs and Sports Committee. I am very sure everybody here including the Table Clerks can be afraid to introduce themselves that they sit on that committee as technocrats. Everybody including the Governor will be afraid to say that he has Youth Affairs departments in this county.

(Applause)

Mr. Deputy Speaker: I want to put a question. That a report having been moved seconded and debate ensued and replies made, I put a question that this House adopts the Report of the Sectorial Committee on Youth Affairs and Sports on Talent Development and Nurturing in Bungoma County.

(Question put and agreed to)

The ayes have it.

The report is adopted. I call upon the Table Clerks to transmit the report to relevant department for action.

ADJOURNMENT

Honorable members, that is our last item on the Order Paper this morning, it is already afternoon so we adjourn and be back this afternoon at 2:30p.m.

(House adjourns 12:40p.m.)