COUNTY GOVERNMENT OF BUNGOMA

COUNTY ASSEMBLY OF BUNGOMA

COUNTY ASSEMBLY DEBATES

THE DAILY HANSARD

WEDNESDAY, 15TH JULY, 2026

Morning Sitting

3rd County Assembly **5th Session**

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COUNTY ASSEMBLY OF BUNGOMA

THE DAILY HANSARD

WEDNESDAY, 15TH JULY, 2026

The House met at the County Assembly Chamber at 2:30 p.m.

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

PRAYER

PAPERS

REPORT OF THE SECTORAL COMMITTEE ON FINANCE AND ECONOMIC PLANNING ON FINANCIAL STATEMENTS AND REPORTS FOR THE PERIOD ENDED 31ST DECEMBER, 2025

Mr. Speaker: Yes, Hon. George Makari!

Hon. George Makari: Thank you, Honorable Speaker. I rise to table a report by the Sectoral Committee on Finance and Economic Planning on Financial Statements and Reports for the period ended 31st December, 2025.

(Report tabled by Hon. George Makari)

Mr. Speaker: Honorable members, the report by the sector Committee on Finance and Economic Planning on the Financial Statements and Reports for the period ending 31st December, 2025 is hereby tabled and formally becomes the property of the House accordingly.

REPORT OF THE SECTORAL COMMITTEE ON FINANCE AND ECONOMIC PLANNING ON THE CONSIDERATIONS OF TARIFFS AND PRICING POLICY 2026

Mr. Speaker: Yes, Hon. Makari proceed!

Hon. George Makari: Thank you, Hon. Speaker. Once again, I rise to table a report by the sectoral Committee on Finance and Economic Planning on the consideration of Tariffs and Pricing Policy 2026.

(Report tabled by Hon. George Makari)

Mr. Speaker: Honorable members, a report of the sector Committee on Finance and Economic Planning on the consideration of the Tariffs and Pricing Policy 2026 is hereby tabled and formally it becomes the property of the House accordingly.

REPORT OF THE SECTORAL COMMITTEE ON LANDS, URBAN, PHYSICAL PLANNING AND HOUSING ON THE FINANCIAL STATEMENTS FOR THE PERIOD ENDED DECEMBER, 2025

Mr. Speaker: Hon. Katila!

Hon. Maureen Katila: Thank you, Mr. Speaker. I stand to table a report on the Financial Statement for the period ended December, 2025 for the department of Lands, Urban, Physical Planning, Housing and Municipalities.

(Report tabled by Hon. Maureen Katila)

Mr. Speaker: Honorable members, the report of the sector Committee on Lands, Urban, Physical Planning and Housing on the Financial Statements for the period ending December 2025 is hereby tabled and formally becomes the property of the House accordingly.

NOTICES OF MOTION

REPORT OF THE SECTORIAL COMMITTEE ON FINANCE AND ECONOMIC PLANNING ON THE FINANCIAL STATEMENTS AND REPORTS FOR THE PERIOD ENDED 31ST DECEMBER ,2025

Mr. Speaker: Hon. George Makari, Proceed!

Hon. George Makari: Thank you, Hon. Speaker. I rise to issue a notice of motion that this House adopts the report of the sectoral Committee on Finance and Economic Planning on Financial Statements and Reports for the period ended 31st December, 2025.

Mr. Speaker: Honorable members, a notice of motion has been duly issued by Committee on Finance and Economic Planning on its report on the Financial Statements and Reports for the period ending 31st December, 2025. I hereby urge the table clerks to have the same shared with the Honorable members. It's going to come up as a motion on our Order Paper in the course of this week or once the same is scheduled by HBC on our Order Paper accordingly.

REPORT OF THE SECTORAL COMMITTEE ON FINANCE AND ECONOMIC PLANNING ON THE CONSIDERATIONS OF TARIFFS AND PRICING POLICY 2026

Hon. George Makari: Honorable Speaker, I rise to issue a notice of motion that this House adopts the report of the sectoral Committee on Finance and Economic Planning on the consideration of Tariffs and Pricing Policy 2026.

Mr. Speaker: Honorable members, equally the sector Committee on Finance and Economic Planning hereby issues a notice of motion on its report on the Tariffs and Pricing policy 2026.The same be shared with the Honorable members on their gadgets. It's going to come up as a motion on our Order Paper once the same is scheduled by HBC accordingly.

REPORT OF THE SECTORIAL COMMITTEE ON LANDS, URBAN, PHYSICAL PLANNING AND HOUSING ON THE FINANCIAL STATEMENTS FOR THE PERIOD ENDED DECEMBER, 2025

Mr. Speaker: Hon. Katila,

Hon. Maureen Katila: Thank you, Honorable Speaker. I rise to issue a motion that this House adopts the report of the Sectoral Committee on Lands, Urban, Physical Planning and Housing on the Financial Statements for the period ended December 2025.

Mr. Speaker: Kindly redo it, you issued a motion

Hon. Maureen Katila: Thank you, Honorable Speaker. I issue a notice of motion that this House adopts the report of the Sectoral Committee on Lands, Urban, Physical Planning and Housing on the Financial Statements for the period ended December, 2025.

Mr. Speaker: Thank you, Hon. Katila. Honorable members, equally the sector Committee on Lands, Physical Planning and Housing has duly issued a notice of Motion on the Financial statements of the Committee for the period ending 31st December 2025 for the department of Lands, Urban, Physical Planning, Housing and Municipalities.

The same be shared with the Honorable MCA's it's going to form business on our Order Paper in the course of this week or once the same is scheduled by HBC on our Order Paper accordingly.

MOTION

REPORT OF THE SECTORAL COMMITTEE ON HEALTH SERVICES ON STATUS OF EQUIPMENT IN BUNGOMA COUNTY REFERRAL HOSPITAL (BCRH)

Mr. Speaker: Hon. Tony

Hon. Tony Barasa: Thank you, Honorable Speaker. Before I proceed, my SG and Chair has just called me.

Mr. Speaker: Hon. Tony, anything official you know where my office is. It cannot be pronounced on the floor of this House.

Hon. Tony Barasa: I congratulate you Honorable Speaker on your personal contribution on what you are doing.

Mr. Speaker: Hon. Tony!

(Laughter)

Hon. Tony Barasa: Hon. Speaker, I have just been called now and we are aware of what you are doing to help the County Assembly Forum and my chair and SG has just said please pass our congratulations to Honorable Speaker on what he is doing behind the scene and behind the tent.

(Applause)

And aware that anytime we might be getting this is because of the support you have been doing for the County Assemblies Forum. Anytime from now we are aware that we are supposed to get our circular which was going to read from 1st of July this Month but with the wisdom of the CAF Assembly we want to backdate so that it can read 1st of July 2025

(Applause)

That is why it delayed a bit and I want to thank the Speaker because they have been doing some small contribution behind the tent to help us achieve what we want.

Having said that, the Committee on Health, Status of equipment in Bungoma County Referral Hospital BCRH

(Loud Consultation)

Mr. Speaker: Honorable members…

(Applause)

Honorable members, when you see Hon. Chikati is quiet, not saying quorum then know the quorum is there. He has done the counting already. Let's proceed.

Hon. Tony Barasa: Thank you, Hon. Speaker

ACKNOWLEDGEMENT

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

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

Report signed by Hon. George Makari Chairperson Committee on Health services.

INTRODUCTION

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

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

PURPOSE OF THE REPORT

This report:

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

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

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

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

SOURCES

This report is based on the following sources:

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

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

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

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

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

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

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

STAFFING LEVELS AT BUNGOMA COUNTY REFERRAL HOSPITAL

Overview

The County Department of Health reported that the BCRH staff establishment comprises 1,282 optimal positions. As of the date of reporting, only 550 staff are in post — 330 Permanent and

Pensionable (PnP), 34 UHC, and 186 Contracted — leaving a variance of 742 positions, representing approximately a 57.9% gap. The table below summarizes staffing by cadre.

S/No	Cadre	Optimal	PnP	UHC	Contracted	Variance
1	Medical Specialists	50	18	0	0	32
2	Medical Officers	50	9	0	2	39
3	Dental Officer Specialists	4	1	0	0	3
4	Dental Officers	6	2	0	1	3
5	Pharmacy Specialists	20	2	0	0	18
6	Pharmacists (General)	10	3	0	2	5
7	Nurse Specialists	142	41	0	0	101
8	General Nurses	340	85	10	35	210
9	Medical Laboratory Officers	5	4	0	2	-1
10	Medical Laboratory Specialists	11	5	0	0	6
11	Medical Laboratory Technologists	52	18	7	4	23
12	Public Health Officers	4	2	0	1	1
13	Public Health Assistants	4	2	0	1	1
14	CHA/CHO	0	0	0	0	0
15	Clinical Officers	7	0	0	3	4
16	Registered Clinical	44	11	4	6	23

S/No	Cadre	Optimal	PnP	UHC	Contracted	Variance
	Officers					
17	Registered Clinical Officer Specialists	45	31	0	0	14
18	HRIO	30	7	5	4	14
19	Nutrition Officers	6	1	0	1	4
20	Nutrition Technologists	12	1	1	6	4
21	Nutrition Technicians	4	0	0	0	4
22	COHO	6	2	0	1	3
23	Dental Technicians	6	3	0	0	3
24	Pharmacy Technologists	20	7	3	6	4
25	Orthopaedic Technologists	20	3	0	1	16
26	Occupational Therapists	35	6	0	2	27
27	Physiotherapists	58	7	1	3	47
28	Orthopaedic Trauma Technologists	7	2	1	2	2
29	Medical Social Workers	14	4	0	2	8
30	Biomedical Engineers	10	8	0	1	1
31	Radiographers	12	6	2	1	3
32	Mortuary Attendants	6	2	0	2	2
33	HRM	3	1	0	0	2

S/No	Cadre	Optimal	PnP	UHC	Contracted	Variance
34	HAO	4	2	0	0	2
35	Supply Chain Management Officers	7	4	0	4	-1
36	Accountants	5	3	0	0	2
37	Finance Officers	1	0	0	0	1
38	Economists	1	0	0	0	1
39	Drivers	20	7	0	2	11
40	Office Administrators (Secretaries)	2	1	0	0	1
41	ICT Officers	3	1	0	2	0
42	Clerical Officers	30	5	0	11	14
43	Administrative Officers	2	1	0	1	0
44	Chefs	2	1	0	0	1
45	Cooks	10	1	0	2	7
46	Cateresses	2	0	0	2	0
47	Support Staff	150	10	0	73	67
	TOTAL	1282	330	34	186	732

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

Analysis

The staffing situation at BCRH is critically deficient. The overall gap of 742 positions (57.9%) means the hospital is operating at less...

Mr. Speaker: Honorable Members, this report is not just for the sake of being past year. Look at that table of staff establishment in your various level 3, level 4, level 5 hospitals in this County, so that when you do the budgeting, you know where the problems lies.

So, if Members just want to attend the quorum for Hon. George's committee to proceed and then takeoff, it's very unfortunate. Hon. Tony, proceed.

Hon. Tony Barasa: (57.9%) means the hospital is operating at less than half its optimal human resource capacity. Particularly acute shortages are recorded in the following clinical cadres:

i. General Nurses: 210 positions unfilled (optimal: 340; in post: 130).
ii. Nurse Specialists: 101 positions unfilled (optimal: 142; in post: 41).
iii. Physiotherapy: 47 positions unfilled (optimal: 58; in post: 11).
iv. Occupational Therapy: 27 positions unfilled (optimal: 35; in post: 8).
v. Medical Specialists: 32 positions unfilled (optimal: 50; in post: 18).
vi. Medical Officers: 39 positions unfilled (optimal: 50; in post: 11).
vii. Support Staff: 67 positions unfilled (optimal: 150; in post: 83).

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

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

STATUS OF DIAGNOSTIC IMAGING EQUIPMENT

CT Scan Machine

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

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

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

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

MRI Machine

The MRI machine building at BCRH is reported to be nearing completion. The machine was expected to have been supplied, installed, and commissioned by mid-June 2026, also under NESP. This would represent a further significant upgrade to BCRH's diagnostic capability. No county-level budgetary allocation exists for the MRI machine.

The National Equipment Service Programme (NESP)

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

NESP is structured around seven contracted firms, including Sunview Medipro International (CT scan machines —two per county), Caring International (MRI machines), and Megascope Healthcare, among others.

The programme targets the deployment of 98 CT scan machines, MRI machines, 400 operating theatres, and 400 laboratories nationwide. Since its rollout in February 2025, NESP has equipped 213 health facilities across 43 counties, representing an investment of KES 7.3 billion.

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

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

REGIONAL BLOOD BANK — STATUS AND PROCUREMENT

Construction Status

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

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

Budgetary Allocations for the Blood Bank and Diagnostic Equipment

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

Personnel Requirements for the Blood Bank

S/No	Issue	Response
1	Current Staff in Post — FY 2023/2024	19 (Permanent and Pensionable)

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

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

THE 300-BED CAPACITY PROJECT

Mother and Child Block

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

Equipment Supplied to the Mother and Child Block

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

S/No	Equipment	Number
1	Neonatal Ventilator	2
2	Baby Cots	29
3	Neonatal Laryngoscope	2
4	Phototherapy Machine	3
5	Infant Digital Weighing Scale	2
6	Patient Monitor	6
7	Delivery Set	10
8	Caesarean Section Set	10

S/No	Equipment	Number
9	Drip Stands	10
10	Waste Bins	2 sets
11	Portable Examination Couches	2
12	Infusion Pump	2
13	Paediatric Laryngoscope	2
14	Adult Laryngoscope	2
15	Centrifuge	1
16	Water Bath	1
17	Hemoglobin Meter	1
18	Patient Beds	3
19	Mattresses	45
20	Examination Couch	5
21	Drug Trolley	10
22	Foot Stepper	4

STATUS OF SPECIALIST UNITS

Eye Clinic

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

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

The Committee visited the Eye Clinic and verified the staffing levels as indicated. It was further established that the facility has been largely supported by a donor organization, BMZ & DBHW,

through Salus Oculi Kenya. Both the male and female wards were found to be well maintained and clean at the time of the visit.

Renal Unit (Dialysis Centre)

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

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

Intensive Care Unit (ICU)

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

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

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

Radiology and Imaging Unit

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

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

Mother and Baby Unit

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

SERVICE DELIVERY WORKLOAD — FY 2024/2025

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

General Outpatient Services

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

Special Clinics Attendance

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

Maternity and MCH Services

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

Service	Number
Total MCH Services	35,161

Inpatient Services and Other Key Workload Indicators

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

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

These figures confirm the significant scale of BCRH's operations. With 126,793 general outpatient visits, 12,419 inpatient admissions, 313,748 total laboratory tests, 174,113 total prescriptions, and 3,245 deliveries (normal and caesarean), the hospital is clearly operating at high intensity. The workload data further reinforces the urgency of addressing staffing and equipment gaps identified in this report. For context, the hospital conducted an average of

approximately 347 outpatient visits and 34 inpatient admissions per day during FY 2024/2025 — a considerable burden for a facility operating at only 42.1% of its optimal staffing level.

BUDGETARY CONTEXT

County Health Budget

Bungoma County allocated KES 4.4 billion to Health and Sanitation in FY 2024/25, making it by far the largest departmental allocation within the county's total approved budget of KES 15.2 billion. The Department of Health's allocation stood at KES 3.26 billion (recurrent: KES 3.15 billion; development: KES 146.3 million), while Hospital Facilities received a separate allocation of KES 1.17 billion on the recurrent side. In FY 2025/26, Hospital Facilities received KES 1.3 billion (recurrent: KES 1.25 billion; development: KES 50 million).

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

i. Full equipping of the Mother and Child Block not having been achieved.
ii. Continuation of the Blood Bank construction project being stalled pending identification of a suitable partner.
iii. Staffing gaps that cannot be filled immediately.

FIF and SHA Funding for Health Facilities

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

During the fact-finding visit, the Committee visited the SHA Billing Office and observed its day-to-day operations. It emerged that delays in SHA reimbursements and the rejection of certain claims remain major operational challenges. Officers reported that SHA policies change

periodically, and that such changes are often effected after patient discharge, making claims difficult to process because discharged patients frequently cannot be traced for re-capture of their biometric and personal data. Consistent system upgrades by SHA also cause processing delays.

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

COMMITTEE OBSERVATIONS AND RECOMMENDATIONS

COMMITTEE OBSERVATIONS

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

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

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

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

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

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

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

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

8) The Renal Unit serves approximately 150 dialysis sessions per month and 13 patients per day, yet operates only on weekdays for outpatients and at night, it is on an emergency-only

calls. The five available machines and current staffing are insufficient to support the demand. The County Executive Member for Health must present a staffing and operational plan to extend Renal Unit hours to evenings and weekends to meet existing and projected demand.

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

COMMITTEE RECOMMENDATIONS

The Committee made the following recommendations:

1. **THAT,** the County Executive Member for Health and Sanitation is directed to submit to the County Assembly, within 60 days of adoption of this Report, a time-bound Staffing Recruitment Plan for BCRH that identifies all vacant clinical posts by cadre, to set out a phased recruitment schedule and commitment to achieving a minimum of 70% optimal staffing levels within the next financial year. The Plan must specifically address specialist posts linked to the CT scan, MRI, and expanded specialist units to ensure that equipment investments translate into actual service delivery.
2. **THAT,** the County Executive Member for Health and Sanitation should submit to the Committee on Health Services within 30 days of adoption of this Report a full account of: the performance failure of the first contractor and any remedial action taken; the current status of procurement of a replacement contractor; and the terms of any partner support negotiations.

3. **THAT**, the Committee further recommends that no further disbursements be made toward the Blood Bank project until a credible and verified procurement plan is in place, to protect the second KES 8 million tranche from the same fate as the first.
4. **THAT,** the County Executive Member for Health and Sanitation should facilitate a formal engagement between BCRH hospital management and SHA within 45 days of adoption of this Report, with the specific objective of resolving all outstanding billing disputes, clarifying current reimbursement protocols, and establishing a standing communication mechanism to ensure BCRH is notified promptly of any changes to SHA billing requirements. A written report on the outcome of this engagement, including the value of claims recovered and the protocol agreed upon, shall be submitted to the County Assembly within 90 days of adoption of this report.
5. **THAT,** the County Executive Member for Health and Sanitation should submit to the County Assembly, within 21 days of adoption of this Report, a comprehensive equipping plan for the Mother and Child Block that includes: a complete inventory of outstanding equipment; the total estimated cost of procurement; identified funding sources; and a procurement timeline with a target completion date not exceeding the end of the next financial year. The Committee on Health Services shall track implementation on a quarterly basis.
6. **THAT**, the County Executive Member for Health and Sanitation should commission and submit to the County Assembly, within 60 days of adoption of this Report, an ICU Capacity Development Plan that: assesses current demand against existing capacity; proposes specific options for expanding BCRH's existing ICU; and identifies lower-tier facilities where satellite ICU capacity can be developed. The Plan must include cost estimates, a funding strategy, and a phased implementation schedule. Equipment needs in the newborn ICU and HDU in the maternity wing must be addressed as a priority component of the same Plan.
7. **THAT,** the County Executive Member for Health and Sanitation is directed to ensure that BCRH hospital management establishes, within 30 days, a formal protocol with SHA for receiving and acting on billing requirement updates, so that no further claims

are declined on account of unfulfilled administrative requirements that were not disclosed to the hospital. Proof of both the recruitment action and the protocol agreement shall be submitted to the Committee on Health Services.

8. **THAT,** the County Executive Member for Health and Sanitation should submit to the County Assembly, within 60 days of adoption of this Report, an operational expansion plan for the Renal Unit that includes: the additional staff required to support evening and weekend dialysis services; a procurement schedule for any additional dialysis machines needed; and a target date for commencement of extended operating hours, not later than the beginning of the next financial year.
9. **THAT**, the County Executive Member for Health and Sanitation to formally initiate renegotiation of the NESP contract governing CT scan services at BCRH, with the objective of: aligning the BCRH tariff to the standard rates and securing a revenue-sharing arrangement that returns a fair proportion of proceeds to BCRH for reinvestment in services. A progress report on the renegotiation, including the position taken by NESP and the County's counter-position shall be submitted to the County Assembly within 90 days of adoption of this Report.

Adoption schedule

Members of Sectoral Committee on Health Services hereby adopt and append their signatures to the report. I now call upon Hon. George Makari to second the report.

Mr. Speaker: Thank you, Hon. Tony. Hon. George Makari, the Chair of the Committee, you are called upon to second the committee report.

Hon. George Makari: Thank you, Honorable Speaker. Allow me to second the report of the Committee of Health on the status of equipment in Bungoma County Referral Hospital. Before I say something, let me congratulate the mover of the motion who is also our CAF Representative Hon. Tony Khaoya aka deep state of this Assembly for doing a very good job.

I want to thank the committee members some have been around, some are sick, some have sought for your permission to be away but I appreciate those that are present. I see a good friend Hon. Miliah is around, Hon. Kuloba, I don’t know if he is sleeping or he is awake and all the rest.

As I second this report, we did an analysis, we toured the facility, we also got written memoranda from various authorities, the Chief Officer, the Medical Superintendent from the NESP national equipment support program, the MOU that they signed while delivering the CT scan.

A few issues came up; I will not go through the whole report because it has been read but specifically on the NESP programme about the CT scan. If you look at our report, you will find that the NESP programme as much as it has reduced the burden on our population for travelling to Eldoret or wherever to seek for a CT scan but the agreement in that NESP programme does not favor the County, because you see the hospital charges a patient 4500, the supplier takes 6000 per patient, you see there is an overhead of 1500 which is absorbed by the facility, so it's a loss and that's how the agreement was done. A patient pays 4500 and the supplier takes 6000 from the patient, you see even if we are assisting somebody from very far away like Lwandanyi going to Eldoret, okay with the expenses on the road and what have you but we thought that it was not a very good document to be relied on by the County Government of Bungoma and especially BCRH.

We toured the renal unit where we found patients from Busia and they told us that renal unit is serving from Kakamega, Busia, Vihiga and actually we found patients queuing and some of them were from Busia. It means it is a very good unit for us, it assisting our people and even externally. We only have five machines, so we find that overally BCRH is underfunded, it is understaffed, it has critically deficient human resource and some of the machines needs upgrading. So, for our people that have kidney problems, the renal unit is working throughout the day with almost 13 patients per day and 150 patients per month and mostly the payment is by SHA not cash. We have the ICU unit, also which needs expansion. At the moment we have only 7 beds and serving a population of the entire Bungoma 1.7 million people which also needs some critical upgrade, addition of machines and beds.

We also toured the SHA processing and billing office. We found that there are delays in reimbursing money to the hospitals and critically we found that the SHA head office keeps on changing the rules and upgrading the machine. For example, if last week they used this system, when they are now claiming after two weeks, SHA office has changed the rules and then rejects the claims that these claims are not properly done, so you go back and do them when they themselves changed the rules along the way and now the hospitals loses because those patients for those claims left the hospital and some of them cannot be traced to do Biometrics afresh. So, the hospital loses because of the upgrade of the system and the changes of policies and rules by SHA.

Finally, as I support the report maybe because our time is almost up, in the next budget, I know we will do the budget before exiting; we should critically look at upgrading and improving the facilities of the BCRH specifically the Human Resource. You find that we have a big deficit of almost 770 medical officers, nurses, clinical officers, dentists, and radiologists. So, unless we do budgeting and actually increase the allocation to our County Referral Hospital, we will continue operating at the negative. I support the report and I second it.

Mr. Speaker: Thank you, Hon. George Makari, for seconding the Committee Report as moved by Hon. Tony Barasa. Honourable Members, allow me proceed and propose the Motion for debate.

(Question proposed)

Hon. Milliah Masungo.

Hon. Milliah Masungo: Thank you, Honorable Speaker to have given me this chance also to say something about this Report. I was among the team that physically did the fact-finding and the way the mover of the report has moved, there are a few things that we found out that we should come here and maybe as a House share and maybe find way forward on how we can save our people on the ground.

There are serious insufficient personnel in all these Health facilities. Apart from the BCRH with the load that they are handling, we equally have a lot of insufficient personnel across these facilities. My humble request is that when the first supplementary budget come, I would wish now that we have the chair budget here, that we make a small proposal for the employment of health personnel, otherwise these will bring down all the services in these health facilities, because like the MRI machine having only four to five Health personnel, the queue was long. So there is a need for enough personnel in those facilities.

Secondly, getting a machine that we purport is assisting our people and again we are losing all the revenue because the CT Scan machine that the BCRH is having, the owner of the machine is like he should be paid. The machine has been leased and that money, from what the doctor in charge said, he told us that they must pay per patient and I want to thank the Chair, he has told us the rate at which they are paying that money everyday on every service they give, they are charging 4500 per patient; they should give the owner Kshs 6000. It was pathetic that even the doctor in charge said that if in that single day they have not had patients, they must look for money somewhere to pay the owner of that machine or whoever brought the machine. I would wish that from what we heard, even from Doctor Kisaka himself, he said on these local markets we can get these machines at around 120 million, instead of giving somebody six thousand

shillings daily whether they have worked or not. Why don't we put a proposal that we look for some money and buy our own machine? That is per patient and whether they have had a patient or not that money must be paid. That is what they said. So, I want to second and support the report.

Mr. Speaker: You cannot second a report which is already seconded please.

Hon. Milliah Masungo: I'm supporting the report.

Mr. Speaker: Proceed.

Hon. Milliah Masungo: Thank you, Honorable Speaker. This interference can make you forget some other responsibilities in the House. I have come specifically for my committee. I want to support the report and urge members here that we come up with a proposal and we should not forget this issue of looking around and getting some money for the health personnel employment.

Mr. Speaker: Thank you, Hon. Milliah. Hon. Joseph Nyongesa,

Hon. Joseph Nyongesa: Thank you, Honorable Speaker. I appreciate the mover, and the seconder and the whole committee, because it has also shown us how the BCRH is operating. As we appreciate, we also have some few issues that we also noted and we want to also bring them out so that we can see and consider. The issue of personnel actually is very key because what we need are proper services. The same personnel are the ones also operating in the private hospitals and they have enough time in those private hospitals.

What we should recommend as a committee is proper supervision and good management for us to have services, because if the same clinical officers, the same doctors, are operating in these mushrooming private hospitals, then even if we add the personnel still we shall land in the same problems. So, what we can do is to ensure that the few staff that we are there, we utilize them properly by allocating them enough time in our public hospitals to ensure that they are offering the required services for us. But the issue of maybe saying we need to increase but still the same few people give more time to their private hospitals, then we are not getting value for money. So, as I agree with the committee, but let's see and look into it in the angle of proper utilization of these personnel.

There is this issue of CT scan, the committee is coming up clearly that actually what they are charging is Kshs. 4500 vis a vis the private hospitals that are charging between Ksh. 6200-6500. In my view it's like we are looking at the aspect of revenue generation. But we are having these, in our public hospitals, to relief some patients on payment. So, if again we are having the same

machine in the public hospital and the same machine is charging like the private hospital then what will be the work of the public hospital? So, I think the committee should also look at the issue of relieving our patients on the issue of payment. Let's not look at the issue of maybe revenue generation because what is key to us is proper services at a lower price. So, I think the chair should also look into it and because I have seen in the recommendation that within 90 days or 60 days, then there is no need for us to have it in our hospitals, then we better use the one in the private hospitals.

Lastly, this issue of blood bank, looking at the recommendation, is like now everything will be at the standstill until maybe those procurement issues have been settled. But let's see the urgency and the need for this blood bank for BCRH because currently the issue of sickle cell in our county is too high and people need blood. Unless they look into the issue of procurement, then it's like we shall be at a standstill. And this issue of sickle cell, the screening of blood maybe taken to Eldoret that time and maybe as a county we shall be losing.

I think the committee could be flexible because currently I heard that the hospital has taken up the issue of construction using the locally generated revenues because they are seeing the priority and the need for it. So, if the committee could look into it and see that we remove this condition and ensure that we give this condition and say within 60 days the blood bank could be finished by the management of the hospital than maybe putting that recommendation that until the procurement issues have been rectified.

Otherwise, I do agree with the report but those few things if we can look into them then we can also be helping our people.

Mr. Speaker: Thank you, Hon. Joseph Nyongesa. Hon. Sudi Busolo.

Hon. Sudi Busolo: Thank you, Honorable Speaker. I want to agree with what the Leader of Majority has said. The report is good yes, but now if we restrain the department to continue with the construction of the blood bank, what would happen, because we should help the people of Bungoma. Now if we say until the procurement has been assessed, don't you think that one we are really affecting the local people who made us to be here.

I agree with the report, but we should have some amendments so that within sixty days, the blood bank should have been completed and being used, so that it helps our people because if you look at the budget that we passed, the hospital has taken over and they are using AIA money. And as the majority has said, Bungoma is rated among the Counties with highest number of sickle cell particularly where I come from, Bumula Sub County is number one.

So, the cure for a sickle cell patient is normally blood transfusion. They have to transfuse blood to that person and the blood has to be screened. We want to bring screening closer to our people here in Bungoma. I want the committee to re-look into that, so that the recommendation allows the construction to go on and shorten the completion period.

If you look at the CT scan because actually it was brought here to serve the people, it was brought here so that the government makes money out of it. Even if the hospital is adding more money to help our people get services, I don't see the problem.

If the privates are providing the same services at Kshs 6000, to me I see even 4500 as lot of money to our people. It should come down just like the same way fertilizer is subsidized. We need also to subsidize those services so that people get hospital services at affordable rates.

Our people are struggling to get it and if we want now to match with the private facilities then we better now be private than having a facility that is again putting pressure on sick people. I want the committee to look into it because actually the fertilizer when you go to the market, the Agrovets sells at 6000 but we are getting it at 2500.

Recently 673 letters were given out, how many of those letters are for the health personnel? We have ballooned the wage bill with non-skilled labour. Had we considered employing the nurses, lab technologists and doctors, we could not be where we are, because why do you employ like a place like here in Assembly, we have 10 sweepers. In one seat, like where I sit, there are just 10 doing nothing even when a patient comes, they are not of any help but we have employed them on PNP.

Let us not politicize everything; like you say let us employ so and so without considering what that person is going to provide. Whether he is useful or not because like in our level 1, 2 and 3 facilities, you will find it has only one nurse and when he/she is sick, the facility is closed. So, this House has a duty to protect the people of this county now, and moving forward as we provide money the way Honourable member for Misikhu has put it, I will support the idea but as we put money, we must be very specific on who should be hired.

We employ in a small office ten procurement officers. What are they going to procure and we forget about the essential areas like ECDE teachers? Some of the schools doesn't have the ECDE teachers. So, I rest my case as we pass this report, we should have some amendments.

Mr. Speaker: Hon. Tony Barasa, Hon. Busolo Sudi has spoken about amendments and you have brought none before the House. You are just talking about the amendments, but when you are talking about amendments, you need to table them here. Hon Tony Barasa, I would want to come back to you. I have looked at your recommendations number two, five and seven; all of them in

terms of timelines offend our own Standing Orders. You are talking about, let say for example number two, that they should submit the report within thirty days. But now in our Standing Orders on County Assembly resolutions, it says within sixty days, now yours you are talking of thirty. So, we want to find middle ground, so that they are suggesting something good about blood bank completion and equally on MRI. The report is meant basically to enable our people to get the best services, so as we pass this report, let us look at those areas.

Hon. Jeremiah Kuloba. Your request is on or you have chickened out

Hon. Jeremiah Kuloba: Thank you, Mr. Speaker. Mine is just an additional of that. I rise to support the report. Business program is good but the contract should be reviewed on that vendor agreement that is the amount of money that is put there. They should just come up and review it.

We have our own budgetary allocation as the department of health, we should come up with a suggestion on how to get our own machine, because from the look of things it appears this is somebody's business. If we get more patients, it means we have more money, so let's use that money to buy our own machine…

How can we get 4500 from a patient and then the vendor takes the whole money plus an addition 1500 from other services that was given by the hospital? I think that one should also be looked into. The biggest thing is that, how are we going to help the vulnerable families that were using the private facility? This machine should be there to assist those vulnerable families that cannot access services at the private hospital. Here is a case where now the vulnerable are not going to get the services. We are not going to get those services, so it has just become a business instead of giving us a service.

From my own observation, if the fertilizer subsidy is working and people are paying without an addition from any quarter, why should we add more money to a vendor? Let's review that.

Mr. Speaker: Yes Hon. Francis Chemion.

Hon. Francis Chemion: Honorable Speaker, I have looked at the recommendations and the issue of blood bank is a burning issue; the Budget Committee where Hon. Busolo Sudi is a member really pushed on the completion of the blood bank, because it is an important facility in our county and in the region. So, if a person wishes to donate blood, the screening and everything is done in Eldoret or Kisumu. That is why we want the blood bank to be completed as yesterday.

I have looked at what has been put as a recommendation; number two is that the County Executive Member for Health and Sanitation should submit to the committee on healthy services

within thirty days of adoption of this report, a full account of the performance failure of the first contractor and any remedial action taken. The current status procurement over replacement contractor and the terms of any partner support negotiations. To me the recommendation is not bad but it does not push the department to complete the blood bank. We need to add some information to that recommendation, so that we are able to push the department to do the completion. What we are doing in the recommendation that has been provided is just to get records, just to get information. But what we are saying about the completion, we are telling them to complete within a certain period.

I think that is the worry of membership that we need to tighten it up a bit so that the Executive knows that we are serious on the completion of that blood bank.

On CT scan, I support what most members have said we are not for the revenue. If it were for revenue then we could even charge 6500 or 7500 or even 9000 but because we need services, so that our people can access that service, let it be at a lower cost, even if we incur some extra charges and our people access the service then we will be doing good to the people of Bungoma.

Otherwise, there was a proposal of amendment by the leader and it was seconded by Hon. Sudi Busolo.

Hon. Francis Chemion: I am coming here just to add some flesh, that we allow this report...

Mr. Speaker: Hon. Chemion, Hon. Sudi said that he was just saying it passing. You know what happens when you talk of amendments. They must be reduced in writing. If you can be able to agree with the mover of the motion and the seconder, then we allow you to bring those specific amendments because what you are saying at the end of this debate without having a concrete written amendment, are you getting it? I will put a question to it. So, engage Hon. Tony and agree on two things so that we are able to move. Hon. Tony, don't be in a hurry to reply, these people are your colleagues and have some wisdom that you always share when I am away in your meetings.

Hon. Francis Chemion: Honorable Speaker, we are not saying the report is bad, we are only tightening it and we are proposing and urging the mover that we could ask the leave of the Speaker, so that this report can come later so as it allows us to tighten those loose ends and make the report water tight, so that we proceed as a County.

Mr. Speaker: Hon. Tony.

Hon. Tony Barasa: Honorable Speaker, I am aware of what members want to do with blood bank. In our recommendation, remember this was a tender. We must be aware that if the

contractor was awarded and he has a live tender and the tender was terminated, it expired, so we then allocated another budget for the same. So, as you read on page 27, now the department is engaging another donor. The contractor as we read brought the materials and did not proceed. So, in the second round, we are again allocated money whereby the tender process must proceed, it has failed, so the department here has opted to look for a donor and they are now working to make an agreement.

That is why we are saying if they have identified a donor we have given out 21 days because they said within a week they can give us the agreement so that the completion of that blood bank should proceed. It is going to proceed without using our money. There is a donor who is going to do it and we wanted that agreement to be deposited in this County Assembly and they said they have identified the donor already. So, we need that agreement. We do not want to go for 60 days and yet they said they can give us within a week. That is why we reduced.

Mr. Speaker: Hon. Tony, you know you are talking of something which is very critical. If they have an agreement between a donor and the County Executive, I thought the validating entity is the Assembly; it ought to come here for us to approve. If they are doing a shortcut then that is nullity, because what I know for the County Executive to commit any entity in terms of monetary, we must approve.

Hon. Tony Barasa: That is why Honorable Speaker when you read on page 17, they are saying the partner organization has expressed interest in supporting the completion of the blood bank project and negotiations are on-going to formalize this arrangement. That is what they said and we gave them 21days. If you also want or maybe we want the department to use the 8 million, that one will take another cycle of procurement process. It will not be like we proceed building and yet the contract elapsed. They close the chapter of that contract. So, if you say we are going to proceed with the construction then it will mean that the tender process should proceed again and here we will be locking out the partner who is willing to help the County Government.

Mr. Speaker: Honorable members, you know mine was to assist you find an amicable ground.

Hon. Tony Barasa: But I am ready for their guidance purposes and they must also be aware of this particular scenario.

Mr. Speaker: Hon. Tony, now the best way to do that is to sit down, put your heads together and agree on these issues. Do we proceed the way it is or have some amendments? You know mine is just to guide you. Are you getting it?...

Hon. Tony Barasa: For us we are ready for their input but let him be aware that if we are going to unlock to say...

Mr. Speaker: For them to be aware they need to talk to you in a...

Hon. Tony Barasa: They need to read the report in totality.

(Applause)

Hon. Francis Chemion: Honorable Speaker, from the discussion you realize that Hon. Tony who is the mover of the motion is agreeing that we have a meeting outside here, so that we agree on few areas because we have seen where there is a loophole. If you look at the observation Hon. Tony, you realize that you have said in observation 2 that there is need for a clear update on the replacement procurement process.

You are still referring to the procurement process in your report, that is why we need to sit in the precincts as team and tighten that area so that if you are saying we have a donor then we don't talk now about procurement again. You said the first procurement failed; there was another provision of 8 million. You are insinuating here that there is a replacement procurement process taking place. You have come up again and said it is not happening, we are depending on a donor. Why don't we sit and tighten up that area so that we come up with a clear report?

Mr. Speaker: Honorable members, I will assist you. It is not lost Hon. Tony, Chemion, Sudi including Jeremiah and Leader of Majority. There are some 3 or 4 areas we just need to agree on and make those small adjustments and that can be done in less than 30 minutes. There is nothing wrong for us to have the vote be taken at 2: 30 p.m. Are we together members? So, I will provide 2:30 p.m. for voting and we make these small changes, so that what we are proposing must be something which is implementable.

On one side, we are saying we have a donor and this other side you are saying second cycle of procurement. So, what are you saying?

ADJOURNMENT

Allow me members with tremendous respect adjourn this motion to 2:30 p.m. on my own motion so that at 2:30 p.m., you come back with a harmonized stand on specific areas. The Committee clerks assist the leadership of the House and the committee members so that they have it

harmonized. I will allow you to make those changes then we will be able to change the issue at hand in the report. That will be the first item in our Order Paper. We adjourn.

The House rose at 11:26 a.m.