

COUNTY GOVERNMENT OF BOMET



**COUNTY ASSEMBLY
THIRD ASSEMBLY – (THIRD SESSION)**

COMMITTEE ON E-GOVERNMENT AND INNOVATION

**REPORT ON THE STATUS OF ICT IN COUNTY REFERRAL AND SUB
COUNTY HOSPITALS**

MARCH, 2024

*Approved for
tabling
Shukri
26/03/2024*



*The speaker
you may approve*

*26/3/2024
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ACRONYMS

AIE- Authority to Incur Expenditure

CCC Comprehensive Care Clinic

CCTV - Closed Circuit Television

EMR- Electronic medical records-

HICS- Hospital Incident Command System

HIMS- Hospital Integrated Management System

HMS- Hospital Management System

Hon – Honorable

ICT- Information Communication Technology

LCRH – Longisa County Referral Hospital

MoH- Medical Officer of Health

NHIF- National Health Insurance Fund

UPS – Uninterrupted Power Supply

WiFi- Wireless Fidelity

ANNEXURES

- i. Site visit photographs (Annex II)
- ii. Site visit Questionnaires

PREFACE

Mr. Speaker Sir, this report is submitted in accordance with the County Assembly Standing Order 201(5) and the Committee resolution dated February 29, 2024. The Committee resolved to conduct an oversight visit to assess the implementation of ICT and its usage in Health facilities. The committee conducted site visits to Sub County hospitals and county referral hospitals to ascertain the implementation of ICT. The primary objective of this visit is to evaluate the ICT usage in health facilities, specifically focusing on the adequacy of computers, ICT personnel, ICT security, and the hospital-integrated management system.

THE COMMITTEE’S MANDATE

Mr. Speaker Sir,

The Sectoral Committee on E-government and Innovation is constituted under the provisions of Standing Order No. 201(5) of the County Assembly of Bomet and executes its mandate under the provisions of the said Standing Order; which mandates the Committee to inter alia;

- i. Investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration, operation, and estimates of the assigned department;***
- ii. Study programs and policy objectives of departments and the effectiveness of the implementation;
- iii. Study and review all County legislation referred to it;
- iv. Study, assess, and analyze the relative success of departments as measured by the results obtained as compared with their stated objectives;***
- v. Investigate and inquire into all matters relating to the assigned departments as they may deem necessary, and as may be referred to them by the County Assembly;
- vi. To vet and report on all appointments where the constitution or any law requires the County Assembly to approve, except those under Standing Order 197(Committee Appointments); and
- vii. Make reports and recommendations to the County Assembly as often as possible, including recommendations for proposed legislation.***

COMMITTEE MEMBERSHIP

The Committee is composed of the following members:

S/NO.	NAME	DESIGNATION
1	Hon. Dancel Kirui	Chairperson
2	Hon. Felody Chepkirui	V/Chairperson
3	Hon Catherine Chepngetich	Member
4	Hon. Cherono Caren	Member
5	Hon. Evaline Mibei	Member
6	Hon. Monica Manyei	Member
7	Hon. Lily Cherotich	Member

METHODOLOGY

Mr. Speaker Sir, to expedite its oversight role, the committee deliberated on the concerns regarding the operation, management and adoption of ICT in Health facilities. The committee adopted a multifaceted approach during the site visit, combining discussions with key stakeholders and firsthand observations. Discussions were held with the medical superintendent and hospital administrator to understand the current state of technological infrastructure, the challenges faced, and the impact on service delivery. A physical inspection was conducted to assess the condition and functionality of computers within the facility. The methodology also involved inquiries into the hospital's plans for internet connectivity and the utilization of technology for record-keeping.

A questionnaire was devised to gather comprehensive information on these matters. During its session, the committee developed a site visit program to ascertain the computer hardware and software each health facility has.

Additionally, the following methods were employed;

1. Observation of the computer and computer accessories.
2. Inquire about the support obtained from the county and partners
3. Getting information on the software used and personnel engaged.
4. Taking photographs of the available hardware.

ACKNOWLEDGEMENT

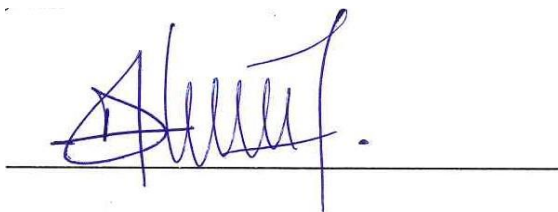
Mr. Speaker Sir,

The Committee is thankful to the Offices of the Speaker and the Clerk of the County Assembly for the logistical support accorded to it during the fact-finding Visit and report writing as it executed its mandate. The committee further extends its gratitude to the support accorded to them by the Referral and Sub County Hospital personnel during fact fact-finding mission.

Secondly, I wish to express my appreciation to the Honorable Members of the Committee for their resourceful input that informed the content of this report. My sincere gratitude also goes to the Secretariat for their dedication to compiling is report.

It is therefore my pleasant duty and privilege, on behalf of the Sectoral committee on E- Government and Innovation to table this report on the status of ICT implementation and its recommendations to the Assembly for deliberation and adoption.

Thank you.

A handwritten signature in blue ink, appearing to read 'Dancel Kirui', is written over a horizontal line.

Signed

Hon. Dancel Kirui,

Chairperson, E-Government and Innovation




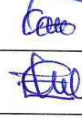
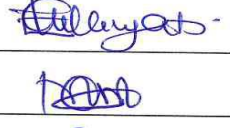
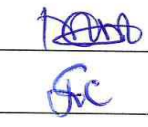

County Assembly of Bomet.

3R^D March, 2024

Ownership of the report

Mr. Speaker Sir,

We, the honorable Members of the Committee on E-Government and Innovation hereby append our signatures to this report to affirm our approval and confirm its accuracy, validity, and authenticity.

S/NO.	NAME	DESIGNATION	SIGNATURE
1	Hon. Dancel Kirui	Chairperson	
2	Hon. Felody Chepkirui	V/Chairperson	
3	Hon Catherine Chepngetich	Member	
4	Hon. Cheronno Caren	Member	
5	Hon. Evaline Mibei	Member	
6	Hon. Monica Manyei	Member	
7	Hon. Lily Cherotich	Member	

BACKGROUND INFORMATION

Introduction:

Mr. Speaker sir,

In the rapidly evolving landscape of healthcare, integrating technology has become a pivotal factor in bolstering the efficiency and quality of service delivery. Progress in Information and Communication Technologies (ICTs) is shaping more and more the healthcare domain. ICTs adoption provides new opportunities, as well as discloses novel and unforeseen application scenarios. As a result, the overall health sector is potentially benefited, as the quality of medical services is expected to be enhanced.

The introduction of and implementation of a Hospital Management System (HMS) significantly transformed traditional healthcare practices, eliminating cumbersome paperwork, reducing congestion, and ultimately elevating the standard of patient care. The consequential benefits extend beyond operational streamlining, as the utilization of the HIMS leads to the maximization of revenue generation for health facilities.

Background:

The impetus for the site visit stemmed from the recognition that the digital transformation of healthcare facilities is paramount in meeting the evolving needs of a rapidly advancing society. The Hospital Management System at Longisa has not only eradicated the inefficiencies associated with traditional paper-based processes but has also emerged as a catalyst for improved service delivery, marking a paradigm shift in healthcare administration.

Recognizing the significance of E-health or ICT adoption and implementation in healthcare sector, the County Assembly Committee on E-Governance and Innovation conducted a site visit, focusing on the state of adoption and implementation of technology in sub-county hospitals. The committee's attention centered on the presence and functionality of a Hospital Integrated Management System, the adequacy of computer infrastructure in health facilities, the availability and competence of ICT personnel, and the critical aspect of cybersecurity. Through this comprehensive evaluation, the committee sought to gauge the readiness of sub-county hospitals to leverage technology for improved healthcare delivery and financial management in alignment with the impending autonomy granted by the Health Financial Improvement Facility Bill of 2023.

Programme for the Visit

Mr. Speaker sir,

On September 2023, during its sitting, the committee devised a program for the fact-finding mission and

formulated a questionnaire to guide the prerequisite information to be collected. The visit was guided by the following issues:

- a) Adequacy of the Computers
- b) ICT Personnel
- c) ICT Security
- d) Hospital Integrated Management System:
- e) General Observations

The members unanimously decided to visit all Sub County and referral Hospitals to gather pertinent information. The outlined program for the visit was as follows:

S/No.	Health facility	Date
1.	Cheptalal Sub County Hospital	19/09/2023
2.	Ndanai Sub County Hospital	19/09/2023
3.	Kapkoros Sub County Hospital	27/11/2023
4.	Sigor Sub County Hospital	27/11/2023
5.	Tegat Sub County Hospital	26/02/2024
6.	Longisa County Referral Hospital	26/02/2024

COMMITTEE FINDINGS

Longisa County Referral Hospital

Overview of Longisa County Referral Hospital

Longisa County Referral Hospital is located in Longisa ward in Bomet East Sub County. It attends patient from Bomet County, Nyamira County, Kisii County and Narok County.

Findings

1. Adequacy of ICT equipment and Internet Connectivity

- a. LCRH has seamlessly embraced technology, boasting comprehensive internet connectivity.
- b. The current state of Information and Communication Technology (ICT) equipment at LCRH reveals a possession of 67 desktop computers and 4 laptops, out of these, 60 are in good condition signaling a notable deficit of computers.
- c. The staff ratio stands at **1 computer** for every **10 staff members**, posing a significant challenge for the hospital as it heavily relies on Health Management Information Systems (HMIS).
- d. The inadequacy in available computers compromises the hospital's ability to ensure effective service delivery to patients, contributing to inaccuracies in reports due to the omission of some departmental workloads.
- e. Newly established departments like Psychology, Psychiatry, Dermatology, Physiotherapy, Chest clinic, and ENT face a lack of computers, further hindering their operational efficiency.

2. Hospital Integrated Management System

- LCRH utilizes an integrated Health Management Information System (HMIS) named Caresoft, with another one currently in the development cycle. Additionally, the hospital operates three departmental systems:
 - a. Labware - employed in the laboratory.
 - b. CanReg 5 - utilized in the Oncology department.
 - c. HICs - deployed in the NHIF department.
 - d. BELCO - applied in the renal unit.
 - e. Kenya EMR - utilized in the CCC department.
- The system is quite friendly but inefficient. The current system has many challenges that affect the service delivery to patients and administrative challenges. While the system is user-friendly or easy to interact with, it lacks effectiveness or operational efficiency in terms of performance, speed, or overall

productivity. The system also had a challenge of integration since it could not integrate with another system such as the Mpesa e-platform

3. ICT Personnel

- Currently, LCRH employs one (1) permanent ICT staff member and one (1) volunteer who collectively manage crucial responsibilities. Their duties encompass system support, repair, and maintenance of all ICT equipment, including structured networking. Additionally, they conduct staff training sessions on emerging ICT trends and oversee the coordination of Telemedicine services within the hospital.

4. ICT Security

- The facility has robust security features to safeguard patients' data safe like regular system backups, strong database passwords, data encryption at the database, updated firewalls and antivirus.
- The facility employs standby servers strategically placed in different locations, ready for use in emergencies, with regular backups in place.

5. Additional information

The hospital ICT personnel are currently developing hospital management system which was piloted two weeks ago with Outpatient department (OPD), pharmacy and radiology

Sigor Sub County Level 4 Hospital

Overview of Sigor Sub County Hospital

Sigor Sub County hospital is located in in Sigor ward in Chepalungu Sub County. It attends approximate 60,000 patients per year.

Findings:

1. Adequacy of ICT Equipment and Internet Connectivity

- a. The facility currently does not have internet connectivity. Although the national government has installed fiber optic infrastructure, the internal distribution system has not been set up yet.
- b. The hospital depends on a modem to facilitate the transfer of patient records and data to the Bomet County headquarters (Department of Health Services).
- c. The hospital is currently equipped with five desktop computers, of which three are operational. These are strategically placed in the offices of the Medical Superintendent, NHIF department, and

Comprehensive Care Clinic (CCC) department. However, two computers in the records department and laboratory are non-functional, awaiting installation pending training for the relevant personnel.

2. Hospital Integrated Management System:

- Sigor Sub-County hospital currently lacks a Hospital Integrated Management System, leading to a reliance on manual paperwork for patient records.
- The manual process results in delays, as patient records are manually transferred from the reception to the consultation room, laboratory, or pharmacy. Consequently, the manual system contributes to extended queues, signifying a slowdown in service delivery. Additionally, the manual handling of consignments poses challenges in stock taking and accountability, highlighting a technological lag in the hospital's operational processes.

3. ICT Personnel:

- Sigor Sub County hospital faces significant challenges due to the absence of dedicated ICT expertise, resulting in difficulties in maintaining and addressing ICT-related issues.
- The lack of ICT personnel not only hampers internet connectivity but also impedes the installation of CCTV cameras, thereby compromising the overall security of the facility.

Ndanai Sub-County Level 4 Hospital.

Ndanai Sub County Hospital is located in Ndanai/Abosi ward in Sotik Sub County and serves around 50,000 residents of Sotik Constituency and the neighboring Narok and Nyamira Counties.

Committee Findings.

The committee on E-governance conducted a site visit and survey on the status of ICT implementation and adoption in Ndanai Sub County Hospital and the challenges faced by the facility in delivering services to the residents. The committee reports their findings on the following areas,

i) Adequacy of ICT equipment and Internet Connectivity.

- a) The facility does not have stable internet connectivity whereby they normally use County Installed Mast or County Wi-Fi which is not stable.
- b) The facility uses a modem to enable the transfer and sharing of records and data to the county headquarters or within the facility.

- c) The total number of computers working was eight (8) while the number of computers not working was five (5) in the patient care services offices. The facility had one (1) malfunctioning laptop. They had two printers where one (1) printer working was HP Laserjet with a tonner 85A while the other printer had broken down.
- d) The ratio of computers to healthcare staff is 1 to 40 and the healthcare staff are underequipped.
- e) Twenty-four (24) departments within the hospital don't have computers.

ii) Hospital Integrated Management System

- At the time of the inquiry, Ndanai Sub County Hospital did not have a Hospital Integrated Management System; instead, they relied on manual paperwork for storing data and records.
- The manual data transfer process resulted in queues, causing a slowdown in patient care. The risk of data loss and occasional confusion was heightened due to the manual handling of information.
- The committee observed that the facility was lagging in adopting technological advancements in the health sector. Notably, there were no plans or ongoing initiatives to develop a Hospital Integrated Management System.

iii) ICT Personnel.

The Medical Superintendent informed the committee that the hospital lacks dedicated ICT personnel. It was observed that there are no ICT experts available to handle the installation and repair of ICT equipment and software within the facility. Furthermore, there is no designated ICT support team readily accessible to provide immediate assistance in the event of technical issues. The absence of ICT personnel in the hospital has resulted in a lack of support and training for healthcare staff in utilizing ICT resources.

iv) ICT Security.

It was noted that antivirus and firewall software update was done at an interval of every six (6) months to protect against cyberattacks. The facility has not experienced any security breaches or data loss in the past one year. The facility had Uninterrupted Power Supply (UPS) equipment in case of loss of main power supply. The facility was not under any CCTV surveillance.

The only measure used to ensure security and privacy of patients' data stored electronically is by use of alpha numerical passwords on computers. There are no established procedures for data backup and recovery in case of system failure.

Conclusion.

The committee's visit to the facility revealed that the hospitals' use of technology was not up to standard where most records were filed manually as they did not have a functional Hospital Integrated Management System. The facility did not have enough computers and stable or fast internet connectivity to use. There were no ICT personnel attached to the hospital. Addressing and improving these issues will help in improving its service delivery to the residents of Ndanai and beyond and interventions are needed to ensure so.

The facility highlighted assets and equipment that they would like to be facilitated with to meet their ICT related tasks,

- i) Twenty-Seven (27) computers.
- ii) Antivirus Software.
- iii) UPS equipments.
- iv) Ten (10) printers.
- v) External hard disks.
- vi) Flash disks.

The hospital needs to be equipped with Hospital Integrated System to manage patients records

The internet speed should be improved and be connected to all departments.

Tegat Sub County Hospital

General overview

Tegat Sub County Hospital is in Kembu ward in Bomet East Sub County. The hospital is situated on a piece of land measuring zero point eight-acre (0.8 acres). Currently, there are 13 staff on contract, 15 staff who are permanent and pensionable, and 3 staff from Walter Reed. The revenue collected from the hospital is from Linda Mama claims. The hospital typically attends to an average of 3000 patients per month.

Committee Findings:

The committee conducted a site visit to Tegat Sub County hospital on 26th February 2024 and got the following information.

1. Adequacy of ICT Equipment and Internet Connectivity

- a) The facility presently lacks internet connectivity, despite the installation of an internet mast tower by the national government six months ago. Although an internet server is in place at the facility, the distribution of internet service has not been initiated.
- b) The hospital depends on a manual mode of data transfer of patient records to the Bomet County headquarters (Department of Health Services).
- c) The hospital is currently equipped with four desktop computers, of which two were donated by Walter Reed while the other two were obtained through AIE. Additionally, there was one printer obtained through AIE. These computers are strategically placed in the offices of the Medical Superintendent and Comprehensive Care Clinic (CCC) department.

2. Hospital Integrated Management System:

Currently, the hospital operates without a Hospital Integrated Management System, which means it relies on manual paperwork to maintain patient records. This manual process causes delays as patient records must be

physically moved from one area to another. Consequently, this manual system leads to longer queues, indicating a decrease in service efficiency. Moreover, managing supplies manually presents difficulties in inventory management and accountability, revealing a technological deficiency in the hospital's operational procedures.

3. ICT Personnel:

The facility faces significant challenges due to the absence of dedicated ICT expertise, resulting in difficulties in maintaining and addressing ICT-related issues. The computers donated by Walter Reed are normally serviced and maintained by their own ICT personnel.

The facility lacks ICT personnel for managing software attacks on the computers and CCTV thereby compromising the overall security of the facility.

4. Additional Information

During the interaction with the Nurse in Charge who was standing for the hospital Medical superintendent informed the committee that they needed ten more computers and four printers for operation efficiency.

Conclusion:

The inspection at Tegat Sub-County Hospital uncovered significant deficiencies in technology utilization, notably the absence of a Hospital Integrated Management System, insufficient computer functionality, and the absence of dedicated ICT personnel. Resolving these issues is essential for enhancing service provision, safeguarding data integrity, and bringing the facility in line with modern healthcare technology benchmarks. It's imperative to implement recommendations and interventions to address these technological shortcomings and elevate the overall effectiveness of Tegat Sub-County Hospital.

Kapkoros Sub County Hospital

Kapkoros Sub County Hospital is found in Chesoen Ward in Bomet Central Sub County. It attends an average of 15000 patients per year with 59 staff.

The Committee used the following thematic areas during its site visit to assess the ICT usage in health facilities, specifically focusing on the adequacy of computers, ICT personnel, ICT security, and the Hospital Integrated Management System. The committee and its secretariat convened a meeting with the hospital management, comprising:

- Dr. Chelimo Hillary, serving as the hospital superintendent and Medical Officer on Health (MoH).

- Mr. Brian Mutai, holding the positions of hospital administrator and Sub County Hospital Administrator. This enabled the Committee to gather valuable information about the state of ICT in the health facility, identify areas for improvement, and make informed recommendations for enhancing the facility's ICT infrastructure and services.

Committee Findings:

The committee conducted a site visit to Kapkoros Sub County Hospital on 27th November 2023 and got the following information.

1. Adequacy of ICT Equipment and Internet Connectivity

- a) The facility presently lacks internet connectivity, despite the installation of an internet mast tower by the national government on June 2023. Although an internet server is in place at the facility, the distribution of internet service has not been initiated.
- b) The hospital is currently equipped with five computers, with two of them being donated by Walter Reed and the remaining three provided by the county government. The hospital has one ICT personnel responsible for maintaining and repairing the computers.

2. Hospital Integrated Management System:

Currently, the hospital operates without a Hospital Integrated Management System, which means it relies on manual paperwork to maintain patient records.

3. ICT Personnel:

The hospital has one ICT personnel responsible for maintaining and repairing the computers.

Cheptalal Sub County Hospital

Cheptalal Sub County Hospital is located in Embomos ward, Konoin Constituency and approximately attends to 15,000 patients per year.

Committee Findings.

The committee on E-governance conducted a site visit and survey on the status of ICT implementation and

adoption in Cheptalal Sub County Hospital and the challenges faced by the facility in delivering services to the residents. The committee reports their findings on the following areas,

v) Adequacy of ICT Equipment and Internet Connectivity.

f) The facility has fifteen (15) working computers for administrative and patient care services.

g) The ration of computers to healthcare staff is 1 to 3.

h) The available computers are not distributed across all departments.

vi) Hospital Integrated Management System

Cheptalal Sub County Hospital did not have a Hospital Integrated Management System instead they used manual paperwork in storing their data and records. Due to the manual way of transferring data there was queuing which lead to slowing down of patients being attended to. Due to manual handling of data there was risk of data loss and sometimes confusions. The committee noted that the facility was lagging behind in appreciation of technology in the health sector. There facility had plans to acquire a functioning Hospital Integrated Management System.

vii) ICT Personnel.

The facility informed the committee that they do not have any ICT personnel attached to the hospital.

It was noted that the facility has no ICT personnel to deal with installation and repair of ICT equipment and software. The facility did not have designated ICT support team available for immediate assistance to the facility in case a technical issue arises. Due to no ICT personnel being attached to the hospital, no healthcare staff has been provided with support or training on ICT usage.

viii) ICT Security.

The hospital has no measures put in place to ensure security and privacy of patients records stored electronically. There were no established procedures for data backup and recovery in case of system failure. It was noted that antivirus and firewall software update was done once a year to protect against cyberattacks. The facility has not experienced any security breaches or data loss in the past one year. The facility has not experienced any security breaches or data loss incidents in the past year.

Conclusion.

The committee's visit to the facility revealed that the hospitals' use of technology was not up to standard where most records were filed manually as they did not have a functional Hospital Integrated Management System. The facility did not have enough computers and a stable or fast internet connectivity to use. There were no ICT personnel attached to the hospital. Addressing and improving these issues will help in improving its service delivery to the resident's interventions are needed to ensure so.

The facility however highlighted areas where technology has been utilized sufficiently like revenue generation, data extraction and that the available equipment was easy to use by staff. The hospital appreciates that research

can be done to ensure use of technology in the future.

GENERAL OBSERVATIONS

1. While the system used at LCRH is user-friendly and easy to interact with, it lacks effectiveness or operational efficiency in terms of performance, speed, or overall productivity. In essence, it conveys a balance between ease of use and a notable shortfall in terms of the system's overall efficiency.
2. Sub County hospitals within the county currently lack a Hospital Integrated Management System. These facilities heavily depend on manual paperwork, leading to extensive queues and subsequent delays in service delivery as well as low management of revenue collection. Moreover, the manual management of consignments presents challenges in stocktaking and accountability, underscoring a technological lag in the operational processes of these hospitals.
3. The inspection of Sub County Hospitals unveiled a deficiency in ICT expertise, leading to challenges in both the maintenance and resolution of ICT-related issues.

COMMITTEE'S RECOMMENDATIONS

Mr. Speaker Sir,

The committee recommends that this House adopts this report with the following recommendations;

1. The department of Health services should ensure the acquisition and implementation of the Hospital Integrated Management System in all Sub County Hospitals. Collaborate with reputable vendors or county ICT personnel to customize the system according to the specific needs of each facility, ensuring seamless integration into existing workflows. This system should automate processes, reduce reliance on manual paperwork, and minimize queues, thereby improving service delivery.
2. Internet Connectivity across Health Facilities. Addressing the technological lag observed in Sub County Hospitals requires a significant upgrade in infrastructure. To facilitate the seamless operation of HIMS and improve overall connectivity, there should be a concerted effort to provide reliable and high-speed internet connectivity to all health facilities across the county.
3. The deficiency in ICT expertise identified during the inspection of Sub County Hospitals should be addressed to ensure the smooth functioning of information systems. It is recommended to recruit or deploy qualified ICT professionals to provide on-site support, maintenance, and timely resolution of ICT-related issues.

4. Continuous training programs should also be implemented to enhance the skills of existing staff, fostering a self-sufficient environment for managing information technology in healthcare set up.
5. Adequate financial resources should be allocated to acquire ICT equipment and necessary accessories. This allocation should be based on an assessment of the staff-to-computer ratio, ensuring that there are enough devices to meet the needs of the staff.

COMMITTEE CONCLUSION

Mr. Speaker Sir

The Committee is cognizant that this report will play a crucial role in decision-making, especially in budget allocation, by implementing these recommendations, the committee aims to strike a balance between user-friendliness and operational efficiency in healthcare information systems. The proposed measures, including system enhancement, HIMS implementation, internet connectivity, and ICT expertise deployment, collectively contribute to a holistic and technology-driven healthcare environment in Bomet County's Health facilities. These initiatives are essential for improving patient care, streamlining operations, and ensuring the long-term sustainability of healthcare services in the county. Therefore, the committee strongly recommends that this house adopt the report.